# **Vision & Voices: Children & Caregiver Event**

**Registration Form**

**Saturday, March 7, 2020**

**Location:** Neighborhood Learning Centre 46361 Yale Road, Chilliwack, BC

Caregiver Attendee Information (Please PRINT Clearly)

|  |  |  |  |
| --- | --- | --- | --- |
| REGISTRATION NAME #1 (First & Last): | | EMAIL: | |
| RESIDENTIAL ADDRESS (STREET NUMBER, NAME, UNIT NUMBER, CITY/TOWN) | | | PHONE NUMBER (PLEASE INDICATE TYPE OF PHONE):  Is this a cell? 🞏 OR a landline? 🞏 |
| HOODIE SIZE  🞏 Adult Small 🞏 Adult Medium 🞏 Adult Large 🞏 Adult X Large | | | | |
| PLEASE LIST ANY ALLERGIES &/OR DIETARY RESTRICTIONS BELOW: | | | |
| EMERGENCY CONTACT INFORMATION (First & Last Name): | RELATIONSHIP (Friend, parent, etc.): | | PHONE NUMBER: |

Caregiver Attendee Information (Please PRINT Clearly)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| REGISTRATION NAME #1 (First & Last): | | EMAIL: | | |
| RESIDENTIAL ADDRESS (STREET NUMBER, NAME, UNIT NUMBER, CITY/TOWN) | | | | PHONE NUMBER (PLEASE INDICATE TYPE OF PHONE):  Is this a cell? 🞏 OR a landline? 🞏 |
| BAND NAME YOU BELONG TO IF APPLICABLE: | | | DO YOU LIVE ON OR OFF RESERVE:  🞏 OFF 🞏 ON | | |
| WHICH BEST DESCRIBES YOU (PLEASE SELECT ALL BOXES THAT APPLY TO YOU):  🞏 Status 🞏 Non-Status 🞏 Métis 🞏 Inuit 🞏 Xyolhemeylh Caregiver 🞏 Community Partner/Organization (please specify below): | | | | |
| HOODIE SIZE  🞏 Adult Small 🞏 Adult Medium 🞏 Adult Large 🞏 Adult X Large | | | | | |
| PLEASE LIST ANY ALLERGIES &/OR DIETARY RESTRICTIONS BELOW: | | | | |
| EMERGENCY CONTACT INFORMATION (First & Last Name): | RELATIONSHIP (Friend, parent, etc.): | | | PHONE NUMBER: |

Child #1 Information (Please PRINT Clearly)

|  |  |  |  |
| --- | --- | --- | --- |
| REGISTRATION NAME (First & Last): | | | AGE |
| PLEASE LIST ANY ALLERGIES &/OR DIETARY RESTRICTIONS BELOW: | | HOODIE SIZE  🞏 Child Small 🞏 Child Medium 🞏 Child Large  🞏 Adult Small 🞏 Adult Medium 🞏 Adult Large | |
| EMERGENCY CONTACT INFORMATION (First & Last Name): | RELATIONSHIP (Friend, parent, etc.): | PHONE NUMBER: | | |

Child #2 Information (Please PRINT Clearly)

|  |  |  |  |
| --- | --- | --- | --- |
| REGISTRATION NAME (First & Last): | | | AGE |
| PLEASE LIST ANY ALLERGIES &/OR DIETARY RESTRICTIONS BELOW: | | HOODIE SIZE  🞏 Child Small 🞏 Child Medium 🞏 Child Large  🞏 Adult Small 🞏 Adult Medium 🞏 Adult Large | |
| EMERGENCY CONTACT INFORMATION (First & Last Name): | RELATIONSHIP (Friend, parent, etc.): | PHONE NUMBER: | | |

Child #3 Information (Please PRINT Clearly)

|  |  |  |  |
| --- | --- | --- | --- |
| REGISTRATION NAME (First & Last): | | | AGE |
| PLEASE LIST ANY ALLERGIES &/OR DIETARY RESTRICTIONS BELOW: | | HOODIE SIZE  🞏 Child Small 🞏 Child Medium 🞏 Child Large  🞏 Adult Small 🞏 Adult Medium 🞏 Adult Large | |
| EMERGENCY CONTACT INFORMATION (First & Last Name): | RELATIONSHIP (Friend, parent, etc.): | PHONE NUMBER: | | |

Child #4 Information (Please PRINT Clearly)

|  |  |  |  |
| --- | --- | --- | --- |
| REGISTRATION NAME (First & Last): | | | AGE |
| PLEASE LIST ANY ALLERGIES &/OR DIETARY RESTRICTIONS BELOW: | | HOODIE SIZE  🞏 Child Small 🞏 Child Medium 🞏 Child Large  🞏 Adult Small 🞏 Adult Medium 🞏 Adult Large | |
| EMERGENCY CONTACT INFORMATION (First & Last Name): | RELATIONSHIP (Friend, parent, etc.): | PHONE NUMBER: | | |

## Please Use Additional Registration Forms To Identify All Participants If Necessary

Please return your completed on or before: February 21, 2020

**Email:** [**registration@Xyolhemeylh.bc.ca**](mailto:registration@Xyolhemeylh.bc.ca)

**Or**

**Attention: Raven Little**

**Fax: (604) 855-3361**

**Or at one of the following offices:**

Langley

20644 Eastleigh Cres

Ph: 604-533-8836

Fax: 604-533-8827

Abbotsford

2276 Clearbrook Rd

Ph: 604-855-3328

Fax: 604-855-3329

Mission

3411- Lougheed Hwy

Ph: 604-820-2595

Fax: 604-820-2597

Chilliwack

7201 Vedder Rd

Ph: 604-858-0113

Fax: 604-824-2518

Agassiz

7278 Pioneer Ave

Ph: 604-796-9836

Fax: 604-796-9837