



REGISTRATION FORM

COURSE: _____ DATE(S): _____

MEMBER'S NAME: _____ S.I.N#.: _____

ADDRESS: _____ APT: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

CELL/HOME: _____ WORK PHONE: _____ MALE/FEMALE: _____ FT/PT: _____

EMAIL ADDRESS: _____ DATE OF BIRTH: _____

HOURS PER WEEK: _____ HOURLY RATE: \$ _____ SCHEDULED SHIFTS: _____

EMPLOYER: _____ UNIT #: _____

DO YOU DRIVE? YES/NO: _____ WILL YOU BE DRIVING YOUR CAR: YES/NO: _____

LICENCE PLATE: # _____ DO YOU REQUIRED DAYCARE: YES/NO: _____

CIRCLE SPECIAL REQUIREMENTS: HANDICAPPED ROOM, HALAL, VEGETARIAN, VEGAN, KOSHER, PEANUT ALLERGY, SEAFOOD ALLERGY, PERFUME ALLERGY OR ANY OTHER CONCERNS, PLEASE EXPLAIN: _____

OFFICE USE

LEAVE OF ABSENCE REQUIRED: YES/NO: _____ DATES REQUIRED: _____

HOTEL ARRIVAL DATE: _____ HOTEL DEPARTURE DATE: _____

NO HOTEL REQUIRED: _____ RIDE ON BUS IF PROVIDED: _____

**MAIL YOUR REGISTRATION FORM TO:
UNIFOR LOCAL 414, 1-274 ALLIANCE ROAD, MILTON, ONTARIO, L9T 2V2
OR YOU CAN FAX YOUR REGISTRATION TO (905) 875-0443
ATTENTION: DIANA MUGFORD**