



REGISTRATION FORM

COURSE: _____ **DATE(S):** _____

MEMBERS NAME: _____ **S.I.N.# :** _____

ADDRESS: _____ **APT #:** _____

CITY: _____ **PROVINCE:** _____ **POSTAL CODE:** _____

CELL/HOME #: _____ **WORK #:** _____ **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 REQUIRE DAYCARE YES/NO:** _____

CIRCLE SPECIAL REQUIREMENTS: HANDICAPPED ROOM, HALAL, VEGETARIAN, VEGAN, KOSHER, PEANUT ALLERGY, SEAFOOD ALLERGY, PERFUME ALLERGY, GLUTEN FREE, 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, 274 ALLIANCE ROAD, UNIT # 1, MILTON, ONT L9T2V2
OR YOU CAN FAX YOUR REGISTRATION TO: (905) 875-0443
ATTENTION: DIANA MUGFORD**