



**REGISTRATION FORM**

**COURSE:** \_\_\_\_\_ **DATE(S):** \_\_\_\_\_

**MEMBERS NAME:** \_\_\_\_\_ **S.I.N.# :** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **APT #:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **PROVINCE:** \_\_\_\_\_ **POSTAL CODE:** \_\_\_\_\_

**CELL/HOME #:** \_\_\_\_\_ **GENDER:** \_\_\_\_\_ **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:** \_\_\_\_\_

**SUBMIT YOUR REGISTRATION FORM TO DIANA MUGFORD BY MAIL:  
UNIFOR LOCAL 414, 274 ALLIANCE ROAD, UNIT #1, MILTON, ONT L9T2V2  
ON OUR WEBSITE: [www.uniforlocal414.ca](http://www.uniforlocal414.ca) BY FAX: (905) 875-0443  
OR BY EMAIL: [dmugford@uniforlocal414.ca](mailto:dmugford@uniforlocal414.ca)**