



# Registration Form

Training Session:	Training Date:
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**Agency:**

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> ANCR            | <input type="checkbox"/> Animikii Ozoson CFS | <input type="checkbox"/> Anishinaabe CFS                                  | <input type="checkbox"/> Dakota Ojibway CFS |
| <input type="checkbox"/> Intertribal CFS | <input type="checkbox"/> Peguis CFS          | <input type="checkbox"/> Sagkeeng CFS                                     | <input type="checkbox"/> Sandy Bay CFS      |
| <input type="checkbox"/> Southeast CFS   | <input type="checkbox"/> West Region CFS     | <input type="checkbox"/> Other: <a href="#">Click here to enter text.</a> |   |

Name:	Participant's Role:
Office Address:	Postal Code:
Email:	
Phone:	Fax:

Supervisors Name:	Phone:
Email:	
Signature:	

Please email or fax completed registration forms to:  
[Kayla.Guiboche@SouthernNetwork.org](mailto:Kayla.Guiboche@SouthernNetwork.org) or 204.783.7996

Confirmation of training will be sent to the participant and their supervisor listed above  
 Training reminder emails will no longer be sent out, please update your calendars accordingly  
 Registration forms will only be processed with supervisory approval  
 Foster parent registration forms must be signed off by your worker or an agency staff member