



Registration Form

Training Session:	Training Date:
Training Session:	Training Date:
Training Session:	Training Date:

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: _____ | |

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 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