

Registration Form
National Pro-Life Youth Conference, Ottawa May 11-14, 2016
Saskatchewan Pro Life Association Inc.

Name: _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Birth Date: _____ Age: _____

Phone: Home: _____ Cell: _____

E-Mail: Youth _____ Parent/ Guardian _____

As a participant, I agree to obey the guidelines and rules set up by the organizers and chaperones.

Participant's Signature Date

Parent/Guardian Signature Date

Emergency Contact: _____

Contact Phone: Home: _____ Cell: _____

Medical Allergies/Info: _____

Food Allergies/Info: _____

Saskatchewan Health #: _____

Blue Cross and/or other Medical Insurance #: _____

Registration Fee: \$ 100 per person (this fee will cover a portion of expenses).
The remaining cost of the National Pro-Life Youth Conference is the responsibility
of the participant or the Sponsor. Cheque payable to:

_____. (Your Local ProLife Organization/Sponsor)

Mail/Fax Registration to: Colette Stang Box 472 Macklin SK S0L 2C0 or Home:
1-306-753-2647 Fax: 1-306-753-3193 or E-Mail: stangkryzclan@hotmail.com