

REGISTRATION FORM

WORKSHOP Information

Workshop Name _____

Date of Workshop _____ Timings _____

Participant Information

Last Name _____ First Name _____ Service Number/PRI _____ Rank _____

Unit _____ UIC _____ Phone Number _____ Email _____

Element

Army Navy Air Force Other Sentinel

Affiliation

CAF Reg CAF Res DND CFMWS CF Family*

First Name _____ Last Name _____ Rank _____ Unit _____

***If family member please list spouse's details:**

Supervisor Approval

Supervisor Name (Please Print) _____ Supervisor Signature _____ Local _____

In response to Covid 19, courses are subject to change.

Please note: Pre-registration is mandatory. Appropriate authorization is required for course attendance. Please forward completed form to healthpromotionpetawawa@cfmws.com

