

STRENGTHENING THE FORCES WORKSHOP REGISTRATION FORM

Workshop Name _____

Workshop Date(s) _____

Timings _____

Participant Information

Last Name _____

First Name _____

Service Number/PRI _____

Rank _____

Unit _____

UIC _____

Phone Number _____

Email (checked most often) _____

I would like to be part of a distribution list to be notified of future workshops.

Element

Army

Navy

Air Force

Other

Sentinel

Affiliation

CAF Reg.

CAF Res.

DND

CFMWS

Family

Supervisor Approval

Supervisor Name (Please Print) _____

Rank _____

Signature _____

Local _____

If applicant is a family member, please list Military members' details below:

Name _____

Service Number _____

Phone _____

Please note: Registration is mandatory. Must be over 18 years of age. Appropriate authorization is required for course attendance. Please forward completed form to STF by: Fax: 588-4701,

Email: healthpromotionpetawawa@forces.gc.ca

(Protected A when complete)

**STRENGTHENING THE
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