***Association of Iroquois and Allied Indians***

**Youth Wellness Symposium**

**March 20 – 22, 2015**

**Four Points by Sheraton · 1150 Wellington Rd., London, ON**

**REGISTRATION FORM**

|  |  |
| --- | --- |
| **YOUTH** | |
| **Name (First/Last):** | |
| **Mailing Address:** | **Email Address:** |
| **Telephone: ( )** | **First Nation:** |
| **Male Female** | **Special Dietary Needs/Allergies:** |
| **HEALTH CARD TO BE SENT WITH CHAPERONE** | |

|  |  |
| --- | --- |
| **CHAPERONE (Complete only if the youth are under the age of 18)** | |
| **Name (First/Last):** | |
| **Mailing Address:** | |
| **Telephone: ( )** | **Email Address:** |
| **Special Dietary Needs/Allergies:** | |
| **Names of Youth(s) you will be Chaperoning:**   1. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |

**FAX completed forms by February 20, 2015 to the attention of Shayna Phillips at (519) 675-1053**

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