***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**

**AIAI 387 Princess Ave. London, ON N6B 2A7**

**Phone: (519) 434-2761 email:sphillips@aiai.on.ca**