

VICTORIA CCRR AUTUMN 2018 REGISTRATION FORM

Participant Name: _____ Child Care Centre: _____

Type of Care: Registered LNR Licensed Family Care Group/Preschool Care

Participant's Email: _____ Phone (Day): _____

Please indicate which workshops you would like to attend.

	Title	Date	Time	Price	Location
<input type="checkbox"/>	Decluttering	Wednesday, November 7th	6:15—8:15 PM	\$20	Victoria CCRR

Registration confirmation will be sent by e-mail. Full payment for all workshops and courses must be included with this form. No post-dated cheques will be accepted.

Credit Card Payment Information

Credit Card Holders Name: _____ (As shown on Card)

Credit Card Number: _____ - _____ - _____

Expiry Date: _____ / _____ Total Amount: \$ _____ Type: Visa M/C

Signature: _____