
 <p style="text-align: right;">Today's date:</p>	 <p>Band/Council:</p>
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STUDENT INFORMATION					
Last name:	First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Birthdate: day/month/year
Street address:			Apt #	Home phone #: ()	
P.O. Box:	City:		Province:		Postal Code:
Job Title:	Employer:			Work phone #: ()	
Fax #:		Level of Education		Certification Level	
S.I.N					

COURSE REGISTRATION INFORMATION			
(Please fill out completely)			
Course Name	Dates of Training	Fee	Payment Method

SIGNATURE AND APPROVAL		
Signature of Student:	Date:	Fax Confirmation to: ()
Invoice to:		

Course confirmation will only be made with Band/Council Approval.

<hr style="border: none; border-top: 1px solid black;"/> Band/Council/Supervisor signature	<hr style="border: none; border-top: 1px solid black;"/> Date
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