

REGISTRATION FORM

**deadline to register: July 10, 2017*

Last Name: _____ First Name: _____ Middle Name: _____

Mailing Address: _____

Email Address: _____

Date of Birth: _____
 (dd / mm / yy)

Telephone #: _____ Alternate Phone #: _____

Band Name: _____ 10 Digit Band #: _____

For those participants that wish to utilize this course towards Additional Qualifications (AQ) credit, please provide your OCT Registration number:

OCT

Registration #: _____

**OCT registration is required to earn credit towards AQ (teachers)*

Course Fees/Payment Method

Course fee is \$250.00 per registrant

Payment Method:

Cheque Debit Card/Interac
(payable at Kenjgewin Teg) Purchase Order No (#): _____
 Organization: _____

Visa/Mastercard Name on Credit Card: _____
 Credit Card Number: _____
 Card Expiry Date: Month: _____ Year: _____
 Cardholder Signature: _____

By selecting the credit card payment method, I authorize Kenjgewin Teg to charge my credit card for the amount indicated above for the purposes of registering for the course/program.

I declare that all information provided by me on this form is accurate and complete. I confirm that I will be in attendance for the classes as designated. I understand that my course marks will not be released until full payment of tuition has been received, if applicable.

Applicant Signature: _____ **Date:** _____

PRIVACY: Personal information in connection with this form is collected under the authority of Kenjgewin Teg for educational, administrative, and statistical purposes. The information will be used to process your enrolment and registration in academic programs; to record and track your academic progress, and for related record-keeping purposes. Additionally, personal information may be used by Kenjgewin Teg staff on a "need to know" basis to identify and contact students who may require services.