



ALUMNI REGISTRATION FORM:

Spark 2018

New Ross Consolidated School

October 20th 2018

Drop Off 11:00am- Pick Up 5:00pm

PLEASE PRINT INFORMATION CLEARLY

This form is for Chaperones, First-Aid, Mental Health First-Aid, Logistics, and all other Alumni positions.

First name: _____ Last name: _____

Address: _____

City/town: _____

Postal Code: _____

Email Address: _____

Phone Number (H): () _____ - _____ (C): () _____ - _____

Date of Birth (YYYYMMDD) _____

Gender: _____ Grade: _____ T-Shirt size (Sm,M,L,XL) _____

Medical/Dietary Concerns (Information will remain confidential)

Position: _____

YOU MUST BRING YOUR HEALTH CARD TO THE EVENT!!!!

At the conference there will be representatives of the NSSSA documenting the event. I consent for pictures or videos of myself being used by the NSSSA for promotional purposes only.

YES / NO

If under the age of 18, P/G sign: _____

All forms are DUE October 2nd, 2017

Please **email a copy of your form** to *BOTH* Co-Premier's by this date to ensure we receive your registration information on time.

In the future if there was an N.S.S.A. event would you like us to contact you? Please circle.

YES / NO

Please describe your experience with the NSSSA as both a delegate/skillbuilder and alumni:

PLEASE INCLUDE ANY AND ALL CERTIFICATIONS YOU HAVE FOR THE POSITION YOU ARE APPLYING FOR

You will receive a confirmation email along with information about the event

Any questions? Please email: **Regional Advisor, Michelle Talbot** (michelle.talbot@gnspecs.ca)

or the Regional Co-Premiers:

Zoe Marshall: zoemarshall2001@gmail.com

Libby Graham: libbygraham001@gmail.com