

Cowichan Neighbourhood House Association

Box 457, 1-9806 Willow St. Chemainus, BC, V0R 1K0 Phone: (250) 246-3203

cnhaoffice@gmail.com, www.cnha.ca

Workshop Confirmation Form

Workshop Name	
Workshop Date	
\$10 paid? (yes/no)	
Your Name*	
Address:	
Phone (h):	Phone (c):
email:	Birth date (if under 19):
* Legal name as you would like it to show on your certification, when applicable. Terms & Conditions By signing, you are confirming that you will attend the workshop, and that you have read, understood and agreed to these terms and conditions. The workshop is free to all who register and attend. When the CNHA is charged fees by the number of participants registered, we reserve the right to pass on the cost of the fee to any registrant who fails to show up. To this end, we require a temporary \$10 fee to reserve a seat in the workshop. The \$10 will be returned to all participants who attend. Signature: Date:	
oignature.	Date.
Parent or Guardian (if needed) Signature:	Date: