

Oinpegitjoig Sport & Recreation Authority

Registration form

Can you please fill out and return this registration form by September 30, 2009.

Child's Name: _____

Address: _____

Community: _____

Telephone or Cell: _____ Email: _____

Child's Age: _____ Male: _____ Female: _____

Parents approval for children under the age of 16: _____

Please print

Please sign

What activity they would you like to participate: *(Please circle one)*: Swimming or Archery

Membership fees will be paid.

Transportation will be the parents' responsibility.

Please email or fax this registration form to me, Marie Kryszko, Alcohol & Drug Associate Addiction Counsellor, Pabineau First Nation, NB.

For further information please feel free to contact me.

Marie Kryszko, Alcohol & Drug Associate Addiction Counsellor, Pabineau First Nation.

Email: marietwowolves@hotmail.com

Telephone: 506-548-9211 Fax number: 506-545-6968

1290 Pabineau Falls Road

Pabineau First Nation, NB

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