On-Line Training
Registration Form for Members

Please fill out all fields and fax to the Winning Kids offices at 905 884-7839

An invoice will be generated for this training and sent to your organization. Cost $20.00

FIRST NAME: _____ **SURNAME:** _____

ADDRESS 1: _____

ADDRESS 2: _____

CITY: _____ **COUNTRY** _____

PROVINCE/STATE: _____ **POSTAL/ZIP CODE:** _____

DAYTIME TELEPHONE NUMBER: ( ) - **EXT.** _____

EVENING TELEPHONE NUMBER: ( ) - _____

E-MAIL: _____

ORGANIZATION NAME: _____

ORGANIZATION ADDRESS: _____

ASSOCIATION/LEAGUE/DENOMINATION: _____

TITLE: _____

POSITION (PLEASE CHECK APPROPRIATE BOX) ❑ **VOLUNTEER** ❑ **PAID STAFF**

At the successful completion of your training, an email can be generated and sent to your Program Leader indicating you have passed the *Plan to Protect* On-Line Training. Their name and email are required for invoicing purposes and for notification of successful completion of training.

PROGRAM LEADER NAME: _____

PROGRAM LEADER SIGNATURE: _____

PROGRAM LEADER E-MAIL: _____

Training modules are customized by the age level that you work with.

AGE LEVEL INVOLVEMENT (PLEASE CHECK APPROPRIATE BOX)

❑ **0-12**
❑ **13-18**
❑ **ALL**

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