

REGISTRATION FORM

NAME: _____

ADDRESS: _____

_____ POSTAL CODE _____

PHONE: _____

EMAIL ADDRESS: _____

Forever...in motion site you plan on teaching at: _____

Are you able to attend the 2 sessions? Yes _____ No _____

Do you have experience in leading an exercise group? Yes _____ No _____

Are you currently leading a **Forever...in motion** group? Yes _____ No _____

If yes, how many people attend your group? _____

Are you a registered volunteer with the Saskatchewan Health Authority

Community Volunteer Services? Yes _____ No _____

If no, would you consider becoming a volunteer? Yes _____ No _____

Please note: By registering for this course you are committing to lead a Forever...in motion group for a minimum period of six months following the training. Accommodations can be made if you are away for a portion of this time.

I acknowledge that I have read the above statement and agree to the indicated commitment. Signed _____

(Training session is at Riverside Terrace)

Space is limited so register early to avoid disappointment, call Brenda Chomyn at 306-655-2454.

Please mail registrations with your \$40.00 registration fee* to: **(cheque or cash only)**

Brenda Chomyn
Saskatchewan Health Authority
Royal University Hospital
Community Older Adult
3610 – 103 Hospital Drive
Saskatoon, SK. S7N 0W8
Ph: 306-655-2454 Fax: 306-655-1053

* Please make cheques payable to **SHR Community Older Adult**