



ISGA I?ABI BOOT CAMP REGISTRATION FORM

Date: August 6-9, 2019 ~ Location: Alexis School

Participant Name: _____ Age: _____ M / F

Parent/Guardian: _____

Phone #: _____ Email: _____

School Attending?
(2018-2019) _____

Emergency Contact: _____

Emergency #: _____

Have you taken a Stoney Class? Yes No Where? _____ Year? _____

What is your fluency? **(Check off 1 category.)*
Level 1 - Do not speak or understand. _____
Level 2 - Understand but do not speak _____
Level 3 - Fluent (Speak & Understand) _____

Please list any allergies → _____

Please list medications → _____

We thank all participants for applying. You will be reached if your registration has been approved by the planning committee.

Signature: _____ Dated: _____

DEADLINE TO APPLY IS JULY 30, 2019

PLEASE DROP THIS FORM OFF AT ALEXIS HERITAGE & LANGUAGE DEPARTMENT
EMAIL TO isga@ansn.ca