“*LABOUR N’ LEARN*”- REGISTRATION FORM

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| |  |  | | --- | --- | | FULL NAME: |  | | ADDRESS: |  | | POSTAL CODE: |  | | EMAIL ADDRESS: |  | | **WHICH WORKSHOP DATE ARE YOU APPLYING FOR:**  MAY JULY SEPTEMBER 20\_\_\_\_\_\_\_\_ |  | | YEAR OF GRADUATION: |  | | |  |  |  |  |  | | --- | --- | --- | --- | --- | | DATE: | DATE OF BIRTH: | |  | | | CITY: PROVINCE: | |  | |  | | | PHONE #: | |  | |  | | | NATUROPATHIC COLLEGE/SCHOOL: | | |

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| |  | | --- | | DO YOU HAVE ANY PRE-EXISITING MEDICAL CONDITION OR HISTORY OF INJURY?: IF SO, PLEASE LIST BELOW: | |  |  |  |  | | --- | --- | | DO YOU HAVE ANY DIETARY RESTRICTIONS?: |  | | DO YOU HAVE ANY ALLERGIES?: |  |   DO YOU HAVE ANY SPECIAL NEEDS OR REQUESTS?: |

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| |  | | --- | | BACKGROUND INFO | |
| |  | | --- | | WOULD YOU DESCRIBE YOUR EXPERIENCE AND UNDERSTANDING OF PERMACULTURE AS ADVANCED, INTERMEDIATE, BEGINNER | | ANSWER: |  |  | | --- | | WOULD YOU DESCRIBE YOUR GARDENING/BOTANICAL CULTIVATION EXPERIENCE AS ADVANCED, INTERMEDIATE, BEGINNER | | ANSWER: |  |  | | --- | | WHAT ARE SOME OF YOUR GOALS AND MOTIVATIONS FOR ATTENDING THIS WORKSHOP: | |  | |
| |  |  |  | | --- | --- | --- | | PAYMENT | **$107.35** ($95.00 PLUS $12.35 HST) | SPACES ARE LIMITED. ENROLLEMENT WILL BE FINALIZED UPON RECEIPT OF PAYMENT.  Thank you for your contribution to this project. | |
| METHOD OF PAYMENT:  **Please note 40% cancellation fee if less than 3 weeks notice. 100% cancellation fee if less than 1 week notice.**  Interac email transfer to: [richvuksinicnd@gmail.com](mailto:richvuksinicnd@gmail.com)  **SECURITY QUESTION: HEALING POWER OF NATURE / ANSWER: VISVIS (all upper case)**  or Cheque payable to Richard Vuksinic. INVOICE WILL BE SENT VIA EMAIL |