



W & NCO Proficiency

Registration Form

Name _____ Rank _____

Company _____ Other _____
(Battalion, Regiment, Council)

Home Address _____

Emergency Contact Name/Number/Relationship to Attendee

Course(s) Attending

- WO Proficiency
- NCO Proficiency

Transportation Required

- Yes
- No

Meals Required

- | | |
|------------------------------------|------------------------------------|
| Oct 21: | Oct 22: |
| <input type="checkbox"/> Breakfast | <input type="checkbox"/> Breakfast |
| <input type="checkbox"/> Lunch | <input type="checkbox"/> Lunch |
| <input type="checkbox"/> Dinner | |

Payment Method / Amount (\$5.00 per meal):

- Cash
 - Cheque
- \$ _____

Allergies / Medical Conditions _____

Medications _____

Signature _____