



August 14, 2010

from 11:00 AM to 3:00 PM
 @ 231 Regina Avenue
 (Victoria Native Friendship Centre & Hampton Park)
 *Application Deadline: July 10, 2010.

YOUTH INFORMATION

First & Last name	Age	Grade Sept.2010	School Attending	Shirt Size XS, S, M, L, XL
1) _____ <input type="checkbox"/> M <input type="checkbox"/> F				
2) _____ <input type="checkbox"/> M <input type="checkbox"/> F				
3) _____ <input type="checkbox"/> M <input type="checkbox"/> F				
4) _____ <input type="checkbox"/> M <input type="checkbox"/> F				
5) _____ <input type="checkbox"/> M <input type="checkbox"/> F				

Is this the first time that your child(ren) have participated in the Back to School Picnic? Yes No

If no, how many years has your child(ren) participated? _____

PARENT & GUARDIAN INFORMATION

Parent(s) First & Last Name: _____

Address: _____

Postal Code: _____ Phone #: _____ Preferred method of communication:

Email address: _____ Mail Phone Email

Guardian First & Last Name: _____

Address: _____

Postal Code: _____ Phone #: _____ Preferred method of communication:

Email address: _____ Mail Phone Email

ADULT FAMILY MEMBERS EXPECTED IN ATTENDANCE AT PICNIC

1) _____

2) _____

DESIGNATED PERSON TO PICK UP SUPPLIES FOR YOUR FAMILY:

1)

REGISTRATION PROCEDURE

Once your application has been submitted, please allow 2 weeks for processing. If you do not hear from us within 2 weeks of submitting your application, **PLEASE CALL THE OFFICE**. We will contact you regarding your approval. The first 550 applications will receive a school backpack. You or a designated person must attend the picnic to receive your school backpack, *no exceptions*. Supplies may be given away to a waitlist if unclaimed. Late registrants may not receive a backpack and/or may receive same supplies.

PERMISSION

I, the undersigned parent/guardian, give permission for my child(ren)/ youth(s) to participate in the Aboriginal Back to School Picnic. I understand that as a parent or guardian I will be in attendance with my child(ren)/ youth(s) while they participate in the Back to School picnic. I understand that care and attention will be given to the safety of all participants, but that Surrounded by Cedar Child and Family Services (SCCFS), it's staff, partners, contractors or volunteers cannot be held liable for any injury or loss that may occur during this event. SCCFS reserves the right to ask any person/child/youth to leave the Back to School Picnic area should SCCFS staff or volunteers deem it necessary to ensure the safety and well-being of all participants.

I understand that all information will be for SCCFS staff use only and will be held in strict confidence.

X _____ Date: _____
Signature of Parent/ Guardian

Submit registration by email, fax, and mail or drop off by **JULY 10, 2010**:

Email: backtoschool@sccfs.com

Back to School Picnic 2010
Surrounded by Cedar Child & Family Service
#303 - 3995 Quadra Street
Victoria BC, Canada
V8X 1J8

Fax: (250) 383-2509
Phone: (250) 383-2990

For office use only:			
Number of students	Number of adults	Data Entered/Initials	On time/late (O/L)