Registration Form

PARTICIPANT INFORMATION



WOMEN'S WELLNESS GATHERING - NOVEMBER 17 & 18, 2025 CANAD INNS POLO PARK - 1405 ST. MATTHEWS AVE.

SECFS Staff Prepare	d by:				Date:			
Each section of	the application must be	e fully o	complet	ed for th	e applica	tion to	be cons	idered.
Name:				Also	known as:	:		
Home Address:				ı		<u> </u>		
Email:								
Phone:								
Date of Birth:								
Community? (Yes/ Bloodvein River, Broken Rapids, Por If so, please li	of a Southeast First Na (No) ie.) Berens River, Black F Ihead, Hollow Water, Little Gra olar River, Pauingassi st which community:	liver, Ind						
•	en file with SECFS? (Ye	,						
ii so, piease iisi you	ır worker's name/cont	actini	0					
Custom sizing is avail	n Skirt Size? Small-5X able until October 15th							
Ribbon Sl	our preference of kirt Design: 14 Colored Ribbons							
OR								
Solid Black with 4 Colored Ribbons								
remote Southeast (If yes, please lis	t (s) to Winnipeg from a Community? (Yes/No) st the community:							
	otel room? (Yes/No)							
accompanying you o	ildren that will be n your travel? (Yes/No) page 2 of application.							
Do you have a room s If yes, pleas	dation is shared. haring preference? (Yes <i>i</i> se list their name:	No)						
	allergies? (Yes/No) ur allergies/reactions:							
Emergency Name &	Contact Information:							

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WOMEN'S WELLNESS GATHERING - NOVEMBER 17 & 18, 2025 CANAD INNS POLO PARK - 1405 ST. MATTHEWS AVE.

CHILD INFORMATION - Childminding available for children 5 and under only

Name/Age of child attending:	
Childminding required? (Yes/No)	
Name/Age of child attending:	
Childminding required? (Yes/No)	
Name/Age of child attending:	
Childminding required? (Yes/No)	
Name/Age of child attending:	
Childminding required? (Yes/No)	
Are there allergies to be aware of? (Yes/No) If yes, please list allergies/reactions:	
Do we have permission to diaper change? (Yes/No)	
If yes, please list children in diapers:	
Do you require one on one support for your child:	
(Yes/No)	
If so, please describe.	
Are there any special needs of the child we should know? (Yes/No)	
If yes, please describe:	
NOTES:	
110125	

Please note that your child/ren will need to be picked up at lunchtime and can return to the childminding area once lunch is complete.

Parents and SECFS Staff are permitted to the childminding area only.