



**WILD EDUCATION**  
www.WildEducation.org

**CWF Education**  
350, prom. Michael Cowpland Dr.  
Kanata ON K3M 2W1  
613.599.9594 x238  
cwfeducation@cwf-fcf.org

## WILD EDUCATION REGISTRATION FORM

Receipt Number - -
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Date: \_\_\_\_\_

Indicate program(s):

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Project WILD      | <input type="checkbox"/> Atout-faune                     | <input type="checkbox"/> Fish Ways (p/j) | <input type="checkbox"/> Petit poisson (p/m) |
| <input type="checkbox"/> Below Zero        | <input type="checkbox"/> Sous zéro                       | <input type="checkbox"/> Fish Ways (i/s) | <input type="checkbox"/> Petit poisson (i/s) |
| <input type="checkbox"/> Wild About Sports | <input type="checkbox"/> Les Sports c'est dans ma nature |  |  |

Location of workshop: \_\_\_\_\_

Date of workshop: \_\_\_\_\_

Facilitator: \_\_\_\_\_

**PAYMENT FOR WORKSHOP RECEIVED FROM:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

One program (e.g. Below Zero)	\$50.00 + tax	\$ _____
Two programs (e.g. Project WILD and Below Zero)	\$70.00 +tax	\$ _____
Additional manuals (other language or grade may be purchased)	\$30.00 +tax	\$ _____

Facilitator's Signature: \_\_\_\_\_ Total Payment: \$ \_\_\_\_\_

No refund will be issued if cancellation notice is received less than one week prior to workshop.

**Registrant: This copy is your proof of payment. Please keep it for your records.**



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