



**SKILLS WORK!
A Conference for Young Women
Group Registration Form**

School Division Information:

Name of School: _____

Name of School Division: _____

Name of School
Contact Person: _____

Title: _____ E-mail: _____

Telephone: _____ Fax: _____

Chaperone Name: _____ Chaperone Lunch Required? _____

Conference Participants: (Please print names of each participant)

NAME	GRADE
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please print out and return completed forms **by March 1** to:

Anna Kwasnica
SIAS Palliser Campus
PO Box 1420
Moose Jaw, SK S6H 4R4

fax: 306-798-0157
email kwasnica@siast.sk.ca

Questions? Call 306-775-7427

*****IMPORTANT – please bring a completed participant waiver form for each student attending the conference *****