

Social Nights (17+) Registration Form

Participant's Name: _____
 Phone: _____ Email: _____
 Emergency Contact's Name: _____
 Emergency Contact's Phone number: _____

Please indicate which events you would like to attend. Rank your choices (1-3) in order of preference with 1 being your first choice and 3 being your last. If you do not wish to attend an event leave it blank.

_____ Saturday October 5 th , 2019: Dinner & Art Class Time: 5:30-9:00pm *Halloween themed art
_____ Friday, October 18 th , 2019: Halloween Party Time: 5:30-9:00pm *Costume contest, pumpkin carving, photo booth, spooky drinks
_____ Saturday November 30 th , 2019: Dessert Bake-Off Time: 5:30-9:00pm *Work as teams to create a dessert before time runs out

You can mail, fax, or drop off the registration form to:

Hailey Perchotte - RCC LIFE Program
 1155 Notre Dame Ave.
 Winnipeg, Manitoba
 R3E 3G1
 Fax 204-477-5547

REGISTRATION DEADLINE:
September 20th, 2019

We will be contacting you a week after the registrations are due to inform you of the events that you have been scheduled. We look forward to having you join us for another fun year of Social Nights (17+)!

If you require 1:1 support or an interpreter, please let us know!

If you have any questions or need assistance completing this form, please feel free to contact me by phone at 204-258-6538 or by email at hperchotte@rccinc.ca

Hailey Perchotte
 Recreation Therapist
 LIFE program

I understand that by completing this form I am granting permission for myself/my child to participate in the activities chosen.

Participant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

The RBC Therapeutic Recreation and Wellness program is part of RCC's LIFE program, and is generously funded by the Children's Rehabilitation Foundation and their donors. For more information on their work with families and children with special needs, visit their website at www.crf.mb.ca