



YOUTH Conference Registration Form

Please print clearly

Youth participant name: _____ Age: _____

Contact phone number: _____ Email address: _____

Mailing Address: _____ T-shirt size _____

Please check off desired sessions:

- | | | | |
|--------------------------|-------------------------------|--------------------------|--|
| <input type="checkbox"/> | Eugene Ross | <input type="checkbox"/> | Chief, Trapper, Marcel & The Reserve Reporter Puppet |
| <input type="checkbox"/> | Eagles Wings Flight School | <input type="checkbox"/> | Peak Performance & Athletics |
| <input type="checkbox"/> | Strong Circle Wellness | <input type="checkbox"/> | Katherine Whitecloud |
| <input type="checkbox"/> | Jace Pratt | <input type="checkbox"/> | Patrick Leask |
| <input type="checkbox"/> | Berry Fast | <input type="checkbox"/> | Anishinaabe Bimishimo |
| <input type="checkbox"/> | Ojibwe Hair Salon & Cosmetics | <input type="checkbox"/> | Kyle Pashe |
| <input type="checkbox"/> | Sean Pareanteau | <input type="checkbox"/> | Tim Daniels |
| <input type="checkbox"/> | Eagle Vision | <input type="checkbox"/> | |

I understand that this is an interactive online virtual youth conference and I have a way to access the sessions. I will participate in group conversation. I have access to internet connection and to MS Teams app/software for the delivery of the program.

I am committed and will attend all sessions I have signed up for,

Signed Date