

Please read carefully and complete all sections. Print clearly in ink.
*Indicates required field.

What Course(s) Are You Registering For?

Course Name*	Course Location*	Start Date*	Code _____
Price of Course	Price of Materials	Quantity	Total Price*
Course Name	Course Location	Start Date	Code _____
Price of Course	Price of Materials	Quantity	Total Price
Course Name	Course Location	Start Date	Code _____
Price of Course	Price of Materials	Quantity	Total Price
TOTAL AMOUNT			

Complete Legal Name

First Name*	Last Name*
Middle Name(s)	Former Name(s)

Permanent Address

P.O. Box # or Street Mailing Address*		
Town/City*	Province*	Postal Code*
Primary Phone Number (xxx-xxx-xxxx)*	Alternate Phone Number (xxx-xxx-xxxx)	Email Address*

Personal Information

Your personal information is required for identification and statistical purposes.

Gender*	Birthdate (yyyy-mm-dd)*
Social Insurance Number	Sask. Health Services Number
What is your citizenship status?*	Are you a Saskatchewan resident?
<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant/Permanent Resident <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No

Method of Payment

<p>Check One</p> <p><input type="checkbox"/> I am being sponsored by an agency, Band or employer for this/these courses. Name of Agency or Employer _____ Contact Name: _____ Phone Number: _____</p> <p><input type="checkbox"/> Cheque enclosed. (Please make payable to Carlton Trail College.)</p> <p><input type="checkbox"/> VISA <input type="checkbox"/> MasterCard</p> <p>Card Number: _____ Expiration Date _____ CCV# _____</p> <p>Cardholders Name (Please Print) _____</p> <p>Cardholders Signature _____</p>

Aboriginal/Visible Minority Status

Completing this section is voluntary and is used for statistical and/or funding purposes.

Are you of Aboriginal ancestry? Yes No Prefer not to answer

If yes, please indicate your status: First Nation (Treaty/Status Indian) First Nation (Non-Status Indian) Métis Inuit

What is your Band affiliation? _____

Are you a visible minority? Yes No Prefer not to answer

Program & Course Awareness

How did you become aware of this program or course?

Program Guide or Flyer Social Media Email Other

Website Career Fair or Tradeshow Letter or Postcard Don't Remember

Newspaper School Presentation College Staff

Radio or TV Friend/Relative

Would you like to receive promotional information about Carlton Trail College's programs and events via email?

Yes No

Authorization and Consents

The information on this form is collected under the legal authority of the Regional Colleges Act 1998 and the Local Authority Freedom of Information and Protection of Privacy Act (LAFOIP). The information is used for administrative and statistical purposes by Carlton Trail College and/or Ministries and Agencies of the Saskatchewan Government and the Government of Canada. If you have any questions about the collection or use of this information, please contact the Carlton Trail College Privacy Officer at 1.800.667.2623.

Carlton Trail College reserves the right to revise or cancel programs and courses, revise policies and procedures and alter tuition, fees and other charges as deemed necessary without notice.

By submitting this course registration, I hereby acknowledge, authorize and consent to the following:

I agree to abide by the rules and regulations of Carlton Trail College including the payment of fees.

If my participation in this course is being sponsored or funded by an agency, Band or employer, I hereby give authorized personnel of Carlton Trail College permission to disclose information about my performance and attendance within this course to the agency, Band or employer that is funding me.

You may pay by Visa, MasterCard) or cheque (made out to Carlton Trail College). For more information or to pay by phone, call 1.800.667.2623. Please this form along with payment to your nearest Carlton Trail College office or mail to:

Carlton Trail College
611-17th Street, PO Box 720
Humboldt, SK S0K 2A0

Signature

Name of Applicant	Signature	Date

HUMBOLDT (Head Office)
Carlton Trail College
Box 720 (611-17th Street)
HUMBOLDT, SK S0K 2A0

PH: 306.682.2623

WATROUS
Carlton Trail College
Box 459 (202A 6th Avenue East)
WATROUS, SK S0K 4T0

PH: 306.946.2094

WYNYARD
Carlton Trail College
Box 716 (400A Avenue D West)
WYNYARD, SK S0A 4T0

PH: 306.554.3767