



COURSE APPLICATION FORM

Rev. No.	04
Rev. Date	June 17 15
Page 1 of 1	
L1867ED01	

Applicants Name: _____

Applicants Address: _____

Postal Code: _____

Unit: _____

Phone: _____

Home: _____

Work: _____

Fax: _____

Home: _____

Work: _____

Email: _____

Course Applying for: _____

Date: _____

Location: _____

Hotel Required: (Please circle) Friday Yes/No Saturday Yes/No

Reason for taking the course?

NOTE: Please give your application directly to your Unit President. The Unit President will send it to the Chairperson of the Education Committee

Unit President Signature: _____

Committee Members

S. Walsh – Unit 12 S. Lowe – Unit 11 F. Vanden Heuval – Unit 13 V. Hill – Unit 8

Chairperson

Sharon Hubley – Unit 17
(Cell) 1-902-521-0794
(Fax) 1-902-453-2635