



THE DUKE OF EDINBURGH'S AWARD

Young Canadians Challenge

Ontario Division

Volunteer Workshop Registration form

Date of workshop you would like to attend: _____

Name: _____

Group's Name: _____

Address: _____

Phone (H): _____

Phone (alternate): _____

Email: _____

I am a new leader/volunteer: Y or N

I have been to a Duke of Ed. training session before:

(If yes, date: _____ and location: _____)

1) _____

2) _____

3) _____

***To reserve a space, Please return form and enclose a
\$10 cheque for the registration fee:***

**Attn: Jill Taylor
c/o Craigwood Youth Services
520 Hamilton Road
London, Ontario
N5Z 1S4**