

**Registration Form for Canadore College's Summer Institute – 2010**

Student's name (first and last): \_\_\_\_\_

 Male     Female

Student Number: \_\_\_\_\_

Telephone number (with area code): \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

E-mail Address: \_\_\_\_\_

Last school attended and year: \_\_\_\_\_

 I would like to attend August 30, 31 & September 1, 2010

Should we need to call you, please indicate best time to call: \_\_\_\_\_

Canadore Program you are enrolled in for Fall 2010: \_\_\_\_\_

**Please submit documentation of your learning disability with this application (e.g. IPRC, IEP, Transition Portfolio)** Documentation Attached Documentation to Follow**To register by fax**

Please fill out this form and fax to:

1-705-495-2862

Attention – Patti Stencell – Summer Institute