

BELLWOODS CENTRES FOR COMMUNITY LIVING INC.
CLIENT WORKSHOP REGISTRATION FORM

Name of workshop you wish to attend: _____

Name: _____
First Name Last Name

Address: _____
Street and Apartment #

City Postal Code

Phone Number (_____) _____ - _____

Gender Male Female

Birth Date _____
Day Month Year

Disability _____

Who currently provides your attendant services?

Name of Agency/Project Phone #

Name of Agency/Project Phone #

*****To complete the registration process, this registration form MUST be sent by Fax, E-mail or Phoned into:**

Bellwoods Park House
300 Shaw Street
Toronto, ON
M6J 2X2

Fax: (416) 536-8189
Phone: (416) 530-1448
E-mail: bcclshaw@look.ca