



2010 CAW FAMILY EDUCATION PROGRAM Application Form

LOCAL 555 REGISTRATION DEADLINE: MONDAY, MARCH 15, 2010

Member's Name: (Male / Female) _____
(please circle one) First and Last Name

Local Union No. _____ Lodge # (Rail Local): _____ Social Insurance No. _____

Phone #: (_____) _____ E-mail: _____
(Area Code)

Street Address: _____ Apt. #: _____ P.O. Box #: _____

City: _____ Province: _____ Postal Code: _____

Employed at: _____

Will spouse/partner accompany you? Yes No First & Last Name: _____

Have you or your spouse/partner previously attended the Family Education Program as a member of ANY CAW Local? Yes No If yes, what year did you attend? _____

Will children accompany applicant to Education Centre? Yes No

List the children that will attend the program with you.

PLEASE NOTE: Your dependant children, up to and including the age of 18, may accompany you. ***This DOES NOT include nieces, nephews, grandchildren, etc.*** Bring proof of health coverage and immunization books for emergency medical.

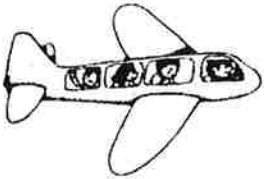
First & Last Name	Date of Birth (M/D/Y)	Sex (M or F)

Does anyone in your family have any special needs, i.e. physical / mental challenge, etc.? Please provide complete details. _____

Listed below are the dates of each program scheduled for this summer. Indicate your first choice by placing a "1" in the appropriate box, and your second choice by placing a "2" in the appropriate box provided. **IF IT IS NOT POSSIBLE TO ATTEND CERTAIN WEEKS DUE TO WORK VACATION SCHEDULE, DO NOT CHECK THOSE WEEKS AS 2ND OR 3RD CHOICES.**

Please be advised it is important that you arrive at the Centre no later than 5:00 pm on the day of registration, which is the first Sunday of each session. Meals will begin with supper on the first day of arrival. The sessions will end, and delegates will depart on Friday after lunch (13th day).

- Saturday, July 10th to Saturday, July 17th – NEW 1 WEEK PROGRAM
- Sunday, July 18th to Friday, July 30th
- Sunday, August 1st to Friday, August 13th



If your trip involves air travel, please specify the city from which you would like your initial flight to originate:

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IMPORTANT: NO LOST TIME WILL BE PAID. Each participant must contribute **their** time (vacation, personal leave, etc.).

Signature of Applicant: _____ Date of Application: _____

I certify the Applicant to be a member in good standing.

Date: _____

(Local Union President or Financial Secretary)

*Applications should be returned by mail to CAW Local 555, GH-B111, or by fax at 905-524-3111, **BEFORE MONDAY, MARCH 15, 2010.** Selection of applicants will take approximately five weeks **AFTER** the deadline date. All participants will be advised, in writing, of the disposition of their application. Questions can be directed to Michelle at 1-800-268-5763, extension 8484 or by e-mail at educate@caw.ca.*

