



**REGISTRATION FORM
FOOD SERVICE TRAFFIC LIGHT TRAINING**

Please complete the following to indicate which training session you wish to attend.
Please note someone from both the P&C and the canteen should attend the training.

Preference 1: **LOCATION OF TRAINING:** _____
 DATE OF TRAINING: _____
 TIME OF TRAINING: _____

Preference 2: **LOCATION OF TRAINING:** _____
 DATE OF TRAINING: _____
 TIME OF TRAINING: _____

Preference 3: **LOCATION OF TRAINING:** _____
 DATE OF TRAINING: _____
 TIME OF TRAINING: _____

Cost to attend training \$10 per person. This includes a light morning or afternoon tea.
Please return this at least **7 days prior to the training session**. Upon payment you will be faxed a confirmation letter detailing what to bring on the day.

Please complete your personal details.

NAME: POSITION/TITLE:.....

ADDRESS:

.....Post Code:

TELEPHONE #: Work:Home:.....

SCHOOL:

Fax No.:*please include fax no. so we may confirm your registration*

PLEASE RETURN, TOGETHER WITH YOUR CHEQUE TO:

WA School Canteen Association (Inc)
PO Box 25
HILLARYS WA 6923
Telephone: 9264 4999
Fax: 9264 4981