



AVCP is pleased to host Elluarrluteng Ilakutellriit Healthy Families, *The Yup'ik Way*

REGISTRATION

**Fax this registration form to: AVCP Healthy Families @ 907-543-7644
or scan/email to: healthyfamilies@avcp.org
Phone: 907-543-8680 or 1-800-478-3157**

(Please print clearly)

PARTICIPANT INFORMATION

LEGAL NAME: _____ DOB: _____

Phone: _____ Fax _____ E-Mail _____

Mailing Address: _____

Food/Other Allergies: _____

Please list any Special Accommodations you will need or Special Conditions we should be aware of:

Please tell us why you are interested in attending the Healthy Families Workshop:

Are you currently receiving TANF? Yes / No Are you enrolled in a Tribe? Yes No

If yes, which Tribe? _____ If not, are you eligible for enrollment? Yes No Unsure

REGISTRATION

Staff: Agency _____

I am attending as a: Tribal Member Referred Parent Other _____

Agency Staff must pay a **\$275.00** registration fee (Includes Breakfast/Lunch/Dinner)

Please make Checks Payable to: AVCP, Inc. (attn: AVCP Finance) PO Box 219 Bethel, AK 99559

For questions regarding payment contact Melanie Fredericks at 543-7300

IN CASE OF AN EMERGENCY

Emergency Contact Name: _____ Relationship: _____

Phone Number: Cell _____ Home _____ Work _____ Msg _____

I understand that I will be asked to leave if I am under the influence of alcohol or drugs. I understand that I will not receive a certificate of completion if I do not attend the entire workshop. I understand that I must be respectful of the space and people around me which includes listening to those who are speaking, and helping to keep the area clean.

PARTICIPANT SIGNATURE

DATE
