SPRING TRAINING PLANNING DOCUMENT

Please return form to: _____

DELEGATE INFORMATION: Fill out below and print neatly.

	First Name	Last Name	Email	Position	Maintenance Day-Feb 27 Select 3 sessions	Horticulure Day-Feb 28 Select 3 sessions	Pre-Event 26-Feb	Post-Event 1-Mar	Dietary Requirements
	John	Doe	johndoe@city.ca	Arborist	A1,B3,C1	N/A	Playground	UBC	Gluten free
1									
2									
3									
4									
5									
6									
7									
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11									
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