

**BUSINESS / ENTREPRENEURSHIP SKILL TRAINING
WORKSHOPS FOR NEWCOMER, IMMIGRANT AND
RACIALIZED WOMEN AND GIRLS**

(2 TIMES A MONTH. COST FREE)

REGISTRATION FORM

First Name: _____ Last Name: _____

Age: 12 – 19 20 – 49 50 – 79

Address:

Phone Number: _____ E-mail Address: _____

Signature: _____ Date: _____

Please submit your completed Registration Form by e-mail to:
infowecarefoundationnl@gmail.com

FUNDED BY:



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