

EMPLOYMENT 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:



ORGANIZED BY:

