APPLICATION FORM

Surname:								
First name:				Middle name:				
Name you wo	ould like or	n Certificate:						
Address:								
City:				Postal	Code: _			
Sex: M	F	T-shirt size:	S	М	L	XL		
Date of Birth:								
Telephone:	(home						(cell)	
Gmail (Gmail	account r	equired):						
Grade:		School Atter	nding: _					
(School Adminis	stration will b	e consulted about	behavio	at school	and acad	emics)		
CONSENT:								
Parent/Guarc	dian in sup	port of child's ap	oplicatio	on (undei	r 18 yea	rs of age))	
Name:	9:			Contact number:				
Signature: (el	lectronic e	quivalent)	Date:					
- 3 (-		,						
Why do you y	wish to tak	e part in this pro	aram?	(short n	araaraa	b)		
			gram	(SHOLL P	aragrag	,		
closed by the Del	Ita Police De Any question	ed in the application partment in accord ons about the Depa the Department's	ance wit	h the Britis managem	h Columb ent of pe	oia Freedorr	n of Inform	