**SANCTUARY IN GOVERNANCE TRAINING**

**REGISTRATION FORM**

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **Tel** |  |
| **Email** |  |
| **Country of Origin** |  |
| **Are you over 18?** | Yes □ No □ (Please tick one) |
| **Why do you want to do this course?** |  |

**This is a four week course and will run in the Edmund Rice Heritage Centre, Barracks Street, Waterford on**

**Saturday mornings: February 2017 on the 4th, 11th, 18rd & 25th at 2:00pm – 4:00pm.**

**Signed: Date:**