

ETFO-YR Annual Dinner, Wednesday, June 18, 2025

Please use this form for single or multiple registrations. Send the entire form along with a deposit cheque for \$50.00 (payable to ETFO-YR) for **each** member's registration to be received by the ETFO-YR office by **May 28, 2025**. Forms with insufficient deposits attached will be returned. This event is open to **ETFO-YR members only (permanent contract teachers)**. Seating will be prearranged. Groups of less than 10 will be seated with other groups. Groups of more than 10 will be seated at adjacent tables. **Please indicate preferred splits** (eg. A group of 12 may be 10+2, 9+3, 8+4, 7+5, or 6+6). **Please indicate preferred split for groups of more than 10** _____.

Please write your meal choice below, if you leave it blank, meal choice will be chicken.

If you require additional space, please write on reverse.

1. Name: _____ School: _____

Meal choice _____ medical/religious accommodation _____

Please indicate if you are being recognized for the following:
Retiring: _____ 25-yr pin: _____
Masters: _____

2. Name: _____ School: _____

Meal choice _____ medical/religious accommodation _____

Please indicate if you are being recognized for the following:
Retiring: _____ 25-yr pin: _____
Masters: _____

3. Name: _____ School: _____

Meal choice _____ medical/religious accommodation _____

Please indicate if you are being recognized for the following:
Retiring: _____ 25-yr pin: _____
Masters: _____

4. Name: _____ School: _____

Meal choice _____ medical/religious accommodation _____

Please indicate if you are being recognized for the following:
Retiring: _____ 25-yr pin: _____
Masters: _____

5. Name: _____ School: _____

Meal choice _____ medical/religious accommodation _____

Please indicate if you are being recognized for the following:
Retiring: _____ 25-yr pin: _____
Masters: _____

6. Name: _____ School: _____

Meal choice _____ medical/religious accommodation _____

Please indicate if you are being recognized for the following:
Retiring: _____ 25-yr pin: _____
Masters: _____

7. Name: _____ School: _____

Meal choice _____ medical/religious accommodation _____

Please indicate if you are being recognized for the following:
Retiring: _____ 25-yr pin: _____
Masters: _____

8. Name: _____ School: _____

Meal choice _____ medical/religious accommodation _____

Please indicate if you are being recognized for the following:
Retiring: _____ 25-yr pin: _____
Masters: _____

9. Name: _____ School: _____

Meal choice _____ medical/religious accommodation _____

Please indicate if you are being recognized for the following:
Retiring: _____ 25-yr pin: _____
Masters: _____

10. Name: _____ School: _____

Meal choice _____ medical/religious accommodation _____

Please indicate if you are being recognized for the following:
Retiring: _____ 25-yr pin: _____
Masters: _____