



TRAFFIC CONTROL SERVICES
 OFFICE: (250) 324-1983 FAX: (250) 324-1969
 1-833-BOOK-JSK

REGISTRATION FORM
 COURSE FEES ARE DUE UPON REGISTRATION

LAST NAME:	FIRST NAME:	
MAILING ADDRESS		
CITY	PROVINCE	POSTAL CODE
E-MAIL	PHONE: ()	
DATE OF BIRTH YEAR _____ MONTH _____ DAY _____	GENDER M F	
DESCRIPTION: 2 DAY TCP TRAINING COURSE (BCCSA QUALIFICATION)		
PAYMENT METHOD: <input type="checkbox"/> CASH <input type="checkbox"/> E-TRANSFER <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD		
# _____ Expiry _____ Authorization # _____		
SIGNATURE OF PARTICIPANT _____	JSK TRAFFIC CONTROL SERVICES _____	

DATE OF REGISTRATION: YEAR _____ MONTH _____ DAY _____
DATE OF COURSE: YEAR _____ MONTH _____ DAY _____
LOOKING FOR WORK? Yes or No