



24<sup>th</sup> annual Outdoor Women's Program  
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Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Email Address: \_\_\_\_\_

Have you attended the OWP previously?  No  Yes If yes, how many times? \_\_\_\_\_

I would like my name and email address to be listed in the 2017 Attendance Summary, and circulated to fellow OWP participants at the camp.  Yes  No

Your registration includes a complimentary T-shirt! Your shirt will be with your registration package when you arrive at camp. Please indicate your T-shirt size:

- Small
- Medium
- Large
- X-Large
- XX-Large
- XXX-Large

I wish to reserve the following accommodations:

- Cabin
- RV Space                      RV Size: \_\_\_\_\_
- Tent Space
- No Accommodation

IF we are able to accommodate this request, do you have a preference of roommate? If so, list their name(s):  
\_\_\_\_\_

*\*There is no charge for any accommodations.*

**Registration Specifics:**

The program price includes all instruction, program materials, use of demonstration equipment, meals, and evening programs.

See below for material fees applicable to some sessions.

	Program Cost	Wednesday Aug-09	Thursday Aug-10	Friday Aug-11	Saturday Aug-12	Sunday Aug-13	Early Bird Price	After June 30
<input type="checkbox"/>	Wed to Fri	√	√	√			\$ 150.00	\$ 170.00
<input type="checkbox"/>	Thurs & Fri		√	√			\$ 140.00	\$ 160.00
<input type="checkbox"/>	Sat & Sun				√	√	\$ 145.00	\$ 165.00
<input type="checkbox"/>	Wed to Sun	√	√	√	√	√	\$ 250.00	\$ 270.00

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Total Workshop fee (Use table above)	\$ _____
Firearms Safety Course fee (if applicable) - \$25.00	\$ _____
Longbow Building material fee (if applicable) - \$100.00	\$ _____
GST (5%)	\$ _____
<b>Total Fees Due</b>	<b>\$ _____</b>

<input type="checkbox"/> My cheque is enclosed and payable to <i>Alberta Hunter Education Instructors' Association</i>	
<input type="checkbox"/> Please charge my Visa or MasterCard:	
Card #: _____	Date: _____
Expiry: _____ / _____	Signature: _____

The Outdoor Women Program is preparing to celebrate its 25<sup>th</sup> anniversary in the summer of 2018. We are collecting stories from students and instructors to help celebrate this milestone. Please check the appropriate box to indicate if you would like to be involved in this project.

- Yes, I would like to be involved in this project.     
  No, please do not contact me for this.

In the event of an emergency or evacuation, please provide the following necessary information:

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone(s): \_\_\_\_\_

**AUTHORIZATION:** In the event that my emergency contact cannot be reached, I give permission to the organizers of the Outdoor Women's Program to secure any necessary treatment in the case of an emergency and/or accident.

Signature: X \_\_\_\_\_

Date: \_\_\_\_\_

Vehicle Information

Make/Model/Year: \_\_\_\_\_

Color: \_\_\_\_\_ Licence Plate: \_\_\_\_\_

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Name: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_

List all prescription and non-prescription medication currently being taken:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any allergies (food, medicine, insect stings, etc) & their severity. Please note we are unable to accommodate food allergies at the camp:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any physical conditions that will require special assistance during the OWP:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical History:

Check any of the following conditions you currently have or ever had:

- |                                    |  |                                       |   |
|------------------------------------|--|---------------------------------------|---|
| <input type="checkbox"/> Asthma    | <input type="checkbox"/> Chronic Back Problems | <input type="checkbox"/> Back Surgery | <input type="checkbox"/> Heart Problems |
| <input type="checkbox"/> Migraines | <input type="checkbox"/> Diabetes              | <input type="checkbox"/> Seizures     | <input type="checkbox"/> Stroke         |

If diabetic, are you insulin dependent?  Yes  No

Do you wear contact lenses or glasses?  Yes  No

Have you had a tetanus immunization within the past year?  Yes  No

**Participant Signature Required: X** \_\_\_\_\_

By signing above, I recognize this event involves risk, and I take full responsibility for action or injury that may result by participating. I agree to the following program policies:

- The Alford Lake Centre is a drug and alcohol free area. Anyone consuming and/or under the influence of alcohol or drugs will be required to leave our facilities.
- Cancellation prior to July 14, 2017 entitles me to a full refund, less a \$50.00 administration charge.
- No refunds will be provided after July 14, 2017.
- A confirmation letter and your receipt will be mailed by the end of July.

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Name: \_\_\_\_\_

Please number at least 14 sessions of your choice numerically (i.e. 1 to 14),  
in the order of your preference (1 being most preferred).

Please ensure that you are selecting sessions that are available during your attendance.

**\*\*If the registrant is a youth, they must attend with a parent or legal guardian, and the youth and adult must participate in all sessions jointly. \*\***

Session	Availability				
	WED	THURS	FRI	SAT	SUN
Advanced Hunting – Big Game Animals				PM	
Advanced Hunting – Migratory Birds				AM	
Archery		AM	AM	AM	AM
Build your own Survival Bracelet		AM/PM	AM	AM/PM	AM
Canadian Firearms Safety Course			7:00PM	AM&PM	
Canoeing Basics		AM	AM	AM	AM
Chainsaw Basics			AM/PM	AM/PM	AM
Crossbows – Getting Started		AM/PM	AM/PM		AM
Field Techniques		AM/PM	AM/PM	AM/PM	AM
Firearms Basics – Guns, Guns, Guns		AM	AM	AM	AM
Fly Fishing		AM	AM	AM	AM
Fly Tying		AM/PM	AM/PM	AM/PM	AM
Handguns		PM	PM	PM	
Introduction to ATV'ing		AM/PM	AM/PM	AM/PM	AM
Knife and Axe Sharpening			PM	AM/PM	
*NEW* Learn to Identify Common Plants		PM	PM		
Let's Go Bowhunting		AM/PM	AM/PM	AM/PM	
Longbow Building		AM&PM	AM&PM		
Making a Walking Stick		AM&PM	AM&PM	AM&PM	
Muzzleloading			PM	PM	
Photography Outdoors		AM/PM	AM/PM		
*NEW* Pleasure Craft Operator Training (both days)		PM	PM		
Predator Awareness		AM/PM	AM/PM	AM/PM	
The Science of Fishing		PM	PM	PM	
*NEW* Sharing our Stories					AM
Shotgun II		PM	PM	PM	
Stranded on the Road		AM	AM	AM	AM
*NEW* Survival Walk		PM	PM	PM	
The Real Mantracker		PM	AM		

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Session	Availability				
	WED	THURS	FRI	SAT	SUN
Trailing		AM/PM	AM/PM		
Walk on The Wild Side		AM	AM	AM	
Where am I? Where Should I be?		AM	AM		AM
Wild Plants and Animals for Health, Nutrition & Survival		AM/PM	AM/PM	AM/PM	AM
Wilderness Cuisine		AM/PM	PM	AM/PM	AM
Wilderness Survival – Part 1	PM				
Wilderness Survival – Part 2		AM			
Wildlife Identification		PM	PM		AM

**PLEASE COMPLETE THIS FORM AND SEND TO:**

Alberta Hunter Education Instructors' Association

911 Sylvester Cres SW, Calgary, AB T2W 0R8

Phone: 403-252-8474 or 1-866-852-4342 Fax: 403-252-3770

Email: [info@aheia.com](mailto:info@aheia.com)

Registration Forms are also available on-line at [www.aheia.com](http://www.aheia.com)