



MENTOR TRAINING EVENT



When:

Where:



What:

Who:



Contact:



Alberta Mentoring Partnership



MENTORING AND LEADERSHIP FORUM

Registration Form

- Please check:
- ☐ New Mentor
 - ☐ Returning Mentor

Student name: _____

Email address: _____

School: _____ Grade: _____

I give permission for my child _____ to participate in the Mentoring and Leadership Forum at _____ on _____.

Parent's signature _____