



Great Stories Never Told, 2018

Section A: Contact Information	
Name:	
Address:	
City:	Province:
Postal Code:	E-mail:
Telephone (daytime):	Telephone (other):
Are you applying to participate on behalf of a senior? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, please provide the name of the senior citizen name: _____
Please note: For the purpose of this program, a senior citizen is defined as an individual who is 55 years of age or older.	
Section B- Program	
Why do wish to participate in this program?	
Next Session begins September 2018. Please choose a preferred session time:	
Mondays 10 am - 12 p.m. <input type="checkbox"/>	
Mondays 1- 3 pm <input type="checkbox"/>	
Volunteering	
Additional Information- Is there any additional information that you wish to add?	
<p>Participant Fee \$50 Application Deadline : Program Starts September 10th. Late applications will be accepted up to October 15th, if space is available. Please return the completed application form along with the release form & payment to</p> <p style="text-align: center;"> Kofo Iziomon, Program Manager Great Stories Never Told Program Sonshine Community Ministries 1807 Saint Joseph Boulevard, Suite 307 Orléans, Ontario K1C 7C6 613 834-8187 x 226 SonshineFamilies.ca </p> <p style="text-align: center;"> We accept cash or cheque. Please make cheque payable to Sonshine Community Ministries. There is a \$25 fee for returned cheques </p>	