



Northern Association of Community Councils  
 Northern Healthy Foods Initiative  
 20-395 Berry Street  
 Winnipeg, MB R3J 1N6  
 Phone: 1-204-947-2227 Ext. 2  
 Toll Free: 1-888-947-6222  
 Fax: 204-947-9446  
 Email: programnhfi@naccmanitoba.com

**Grow North-to-North: Peonan Point Gathering      April 18, 2020      11 AM – 4 PM**

**Registration Form**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Community: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_  
City/Town/Village Province Postal Code

Home/Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Please fill out registration forms for all attendees travelling with you. We strongly encourage carpooling!

Request travel subsidy: Select (✓)      Yes       No       If yes, round trip distance (km): \_\_\_\_\_

Accommodations required? (✓)      Yes       No       If yes, (✓) :  1 night OR  2 nights       Private OR  Commercial

**Workshops**

Please register for by placing a (✓) in the box. All workshops take place April 18, 2020 from 11 AM – 4 PM. There is no cost to Northern Healthy Foods Initiative (NHFI) area residents.

1. **Seed Starter**       NHFI       \$10      *Make-and-take* a combination tray of peppers & tomatoes

2. **Composter**       NHFI       \$40      *Make-and-take* vermi-composting bins w/ starter worms

3. **Lunch**       NHFI       \$10      Soups, sandwiches, veggies and dip, and dessert.

**TOTAL:**          N/A or \$          If you do not reside in the NHFI area, please make cheques payable to **The Northern Association of Community Councils** or bring cash to event.

**Photograph Release: Please sign.**

I hereby agree to and give permission for the use of the photographs taken of me by the partners of the Northern Healthy Foods Initiative for the purpose of publication, display or exhibition thereof for articles, promotions, websites and visual presentation and without payment or compensation to me. I understand that these photos may be used to tell the story of northern Manitoba communities taking action and leading efforts to improve food security, community economic development, youth engagement, or population health. By signing this Photograph Release Form, I confirm that I am over 18 years of age.

**Signature** (OR Parent/Guardian Signature): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name if under 18 years: \_\_\_\_\_