

Take Our Kids to Work™ Day

Workplace Registration Form

Workplace Name: _____

Contact Person: _____

Title: _____

Address: _____

City: _____ Province: _____

Postal Code: _____

Phone #: _____ Fax #: _____

Email: _____

Type of Business: _____

Number of Employees: _____

In addition to our employees with Grade 9 students, we are also willing to host other Grade 9 students.

Yes No

Do you require a 2011 Workplace Guide? Yes No

How many? _____

**Please return by FAX as soon as possible to:
TOKW Coordinator, Business Education Council at FAX: 905-684-4230**

The Niagara Region's
Take Our Kids To Work™ Day
is kindly sponsored this year by:

