



**Afri-Can AIDS  
Foundation**  
Non-Profit Organization

Africa & Canada  
joining hands to win/win against HIV/AIDS

## Registration Form

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Male:  Female:

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

Phone Number: \_\_\_\_\_

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

Parent/Guardian Signature: \_\_\_\_\_

---

Class or Group: \_\_\_\_\_

Would you like us to provide your class or group with an HIV/AIDS workshop?

Yes  No

Teacher/Group Leader: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

---

Return Address:

Afri-Can AIDS Foundation  
Box 60012  
Brockville, ON  
K6V 7M9

[www.africanaidsfoundation.com](http://www.africanaidsfoundation.com)