



Move More Course Registration Form



.....

COURSE INFORMATION:

Authorized Provider:

(Recreation Department, organization or municipality)

Contact Person:

(Person affiliated with AP who will provide ongoing contact with RNS)

Please Note: We will use the mailing address that was provided to us at the time your organization signed up to become an Authorized Provider. If you would like us to use a different mailing address please indicate below.

Names of trained *Move More* Leader(s) for this course:

- 1) _____
- 2) _____

Course Dates:

Start Date: _____

End Date: _____

Frequency of Sessions: _____

Day(s) the course is being offered: _____

Time: _____

.....

FOR YOUR PROMOTION: *

Postcards (# needed): _____

* A *Move More* poster (8.5 x 11), *Move More* General Information sheet, Newspaper Ad, and Sample 'Press Release' are all available on our website (www.recreationns.ns.ca) for use when recruiting participants for upcoming *Move More* Courses.

.....

FOR YOUR COURSE:

If you know...

of participants attending course: _____

of Move More supply kits needed for participants: _____

of Certificates needed for participants: _____

Would you like to borrow a Pedometer Kit from RNS? Yes No

.....

If this information is not known, RNS must be contacted 10 days prior to the course start date to confirm final numbers. This will allow RNS adequate time to send any of the necessary supplies.

Tel: 902.425.1128 • Fax: 902.422.8201 • Email: kmcneil@recreationns.ns.ca

.....