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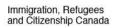
Additional Family Members Form (Please Print)

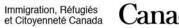
Page 1

Client 6			•					
First Name		Last Name	Relationship to Main Registrant		Imm Category Same as main registrant			
Phone Same as main registrant		Address Same as main registrant	Email	Same as main registrant	Name of Current School			
PR #/UCI Number		Date of Birth(yyyy/mm/do		Date of Entry into Car	nada Same as main registrant (yyyy/mm/dd)			
		ietary or Health Concerns o (if yes please explain)		Note:				
Client 7								
First Name		Last Name	Relation	ship to Main Registrant	Imm Category Same as main registrant			
Phone Same as main registrant		Address Same as main registrant	Email	Same as main registrant	Name of Current School			
PR #/UCI Number		Date of Birth(yyyy/mm/do		Date of Entry into Car	nada Same as main registrant (yyyy/mm/dd)			
		ietary or Health Concerns o (if yes please explain)		Note:				
Client 8								
First Name		Last Name	Relation	ship to Main Registrant	Imm Category Same as main registrant			
Phone Same as main registrant		Address Same as main registrant	ress Same as main registrant Email Same as main registrant Name of Curren		Name of Current School			
PR #/UCI Number		Date of Birth(yyyy/mm/do		Date of Entry into Car	nada Same as main registrant (yyyy/mm/dd)			
		vietary or Health Concerns o (if yes please explain)		Note:				
01:								
Client 9 First Name		Last Name	Relation	ship to Main Registrant	Imm Category same as main registrant			
Phone Same as main registrant		Address Same as main registrant	Email	Same as main registrant	Name of Current School			
PR #/UCI Number		Date of Birth(yyyy/mm/do	d)	Date of Entry into Car	nada Same as main registrant (yyyy/mm/dd)			
		etary or Health Concerns (if yes please explain)		Note:				
Client 10								
First Name		Last Name	Relationship to Main Registrant		Imm Category Same as main registrant			
Phone Same as main registrant		Address Same as main registrant	Email	Same as main registrant	Name of Current School			
PR #/UCI Number		Date of Birth(yyyy/mm/do	d)	Date of Entry into Car	nada Same as main registrant (yyyy/mm/dd)			
Gender Allergies, Dietary or Health Concerns Yes No (if yes please explain)				Note:				











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Additional Family Members Form (Please Print)

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Client 11								
First Name	Last Name	Relationship to Main Registrant		Imm Category Same as main registrant				
T not realis	Last Name		mp to main regionant	3 7				
Dhana 🗆 o	Address Do / / / ·	Francii [7.0	Name of Comment Calcal				
Phone Same as main registrant	Address Same as main registrant	Email [Same as main registrant	Name of Current School				
PR #/UCI Number	Date of Birth(yyyy/mm/do	d)	Date of Entry into Car	ada Same as main registrant				
		\Box		(yyyy/mm/dd)				
Gender Allergies, Die	ietary or Health Concerns		Note:					
	(if yes please explain)		Note.					
1es140) (If yes please explain)							
Client 12								
First Name	Last Name	Relations	ship to Main Registrant	Imm Category Same as main registrant				
	2331.130		mp to main regionalit					
n .				N (0 (0)				
Phone Same as main registrant	Address Same as main registrant	Email [Same as main registrant	Name of Current School				
PR #/UCI Number	Date of Birth(yyyy/mm/do	d)	Date of Entry into Car	ada Same as main registrant				
				(yyyy/mm/dd)				
Condon Allowsias Di		<u> </u>		0333				
	etary or Health Concerns		Note:					
☐ Yes ☐ No	(if yes please explain)							
Client 13								
First Name	Last Name	Polations	ship to Main Pogistrant	Imm Category Same as main registrant				
First Name	Last Name	Relations	ship to Main Registrant					
Phone Same as main registrant	Address Same as main registrant	Email [Same as main registrant	Name of Current School				
PR #/UCI Number	Date of Birth(yyyy/mm/do	4)	Date of Entry into Car	ada Same as main registrant				
FIX #/OCI Nullibel		<u>"</u>						
	ietary or Health Concerns		Note:					
☐Yes ☐No ((if yes please explain)							
O 11								
Client 14				Imm Catagon -				
First Name	Last Name	Relations	ship to Main Registrant	Imm Category Same as main registrant				
Phone Same as main registrant	Address Same as main registrant	Email	Same as main registrant	Name of Current School				
_	_		_					
DD #/LICI Number	Data of Pirth (/rama /ala	-/\	Date of Entry into Car	odo 🗆 Como o moto no nictuant				
PR #/UCI Number	Date of Birth(yyyy/mm/da	<u>''</u>	Date of Entry into Car	_				
				(yyyy/mm/dd)				
Gender Allergies, Die	ietary or Health Concerns		Note:					
☐ Yes ☐ No) (if yes please explain)							
Client 15		1						
First Name	Last Name	Relations	ship to Main Registrant	Imm Category Same as main registrant				
Phone Same as main registrant	Address Same as main registrant	Email	Same as main registrant	Name of Current School				
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Provide the second seco								
PR #/UCI Number Date of Birth (yyyy/mm/dd) Date of Entry into Canada Same as main registran								
				(yyyy/mm/dd)				
Gender Allergies, Die	etary or Health Concerns		Note:	,				





