



Employer/Sponsor Approval for Fees – Group Listing

This form is to be completed **in addition to** the Employer/Sponsorship Approval for Fees form where a sponsor wishes to list a **group** of employees/students who are approved for sponsorship

Please complete the following information for **each student** where sponsorship is approved

Employer/Sponsor Organization Name _____

Course Name _____

Course Date(s) _____ Course Fee \$ _____

1. Student Name _____
Last First Middle Initial

M F Birthdate: ____/____/____ Student ID Number: _____
mm/dd/yy

Home Address _____

City/Prov: _____ Postal Code: _____

Phone (home): _____ Phone (work): _____

Phone (cell): _____ Email: _____

2. Student Name _____
Last First Middle Initial

M F Birthdate: ____/____/____ Student ID Number: _____
mm/dd/yy

Home Address _____

City/Prov: _____ Postal Code: _____

Phone (home): _____ Phone (work): _____

Phone (cell): _____ Email: _____

3. Student Name _____
Last First Middle Initial

M F Birthdate: ____/____/____ Student ID Number: _____
mm/dd/yy

Home Address _____

City/Prov: _____ Postal Code: _____

Phone (home): _____ Phone (work): _____

Phone (cell): _____ Email: _____

4. Student Name _____
Last First Middle Initial

M F Birthdate: ____/____/____ Student ID Number: _____
mm/dd/yy

Home Address _____

City/Prov: _____ Postal Code: _____

Phone (home): _____ Phone (work): _____

Phone (cell): _____ Email: _____

Notes

1. Must be submitted with the **signed** "Employer/Sponsorship Approval for Fees" form.
2. Completion of this form in no way guarantees availability of seats

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Visit us on the Web ▶ www.camosun.ca/ce

Registration

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