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Humber College Institute of Technology & Advanced Learning

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Name			Age:
Phone or Cell #			
Email			
Student ID # (if applicable)			
Signature			
Signature of parent/ legal guardian (if participant is under 18 years old)	Please sign here		Date
□Full-time \$	Please sign here  Student □Continuing Educa	Print name ation (CE) Student □Sta	Date ff/Faculty

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