



SPD ONLY Registration Form

I. REGISTRANT INFORMATION

Prefix _____ First Name _____ Last Name _____ Suffix _____
Address Line 1 _____ Address Line 2 _____
City _____ State _____ Zip _____ Country _____
E-mail (you will not receive a confirmation receipt without an email address) _____

CHECK ONLY ONE: (Prevention Day is Monday, January 29, 2024) _____

- Adult: Prevention Day Attendee
 Youth: Prevention Day Attendee

ALL YOUTH ATTENDEES (18 YEARS AND YOUNGER) ARE REQUIRED TO COMPLETE THE CONSENT FORM

FOR ATTENDEES 18 YEARS AND YOUNGER:

Date of Birth _____ Adult Advisor _____ Advisor's Email _____

DIETARY RESTRICTIONS: _____

PHYSICAL DISABILITY REQUIREMENTS: _____

II. SUBMISSION METHOD

Save and email this form to events@cadca.org and you will receive an e-mail confirmation of the completed registration.