







Population Health Unit Box 1920 La Ronge, SK SOJ 1L0

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www.pophealthnorthsask.ca

Athabasca Health Authority Keewatin Yatthé Health Region Mamawetan Churchill River Health Region

Healthy People, Healthy Communities

Request for Food Safe Handling Course

Date Submitted:	_
Name of Contact:	
Phone Number:	(required) Fax Number:
Email:	
Name of Organization (Legal Corporatio	on Name)
Mailing address:	
Name of Program:	
	X \$65.00/per student =
*Please note:	e: \$65.00 fee is NON-REFUNDABLE.
Please List Students Name: (minimun	m of 10 students)
Note:	
Will students be employed in food handli	ling services after course? YES □ NO □
Are all students 16 years or older?	YES NO NO
Date of Course preferred:	
Location:	
P.O # or Cheque:	