



#3, 1915 - 32nd Avenue N.E.
 Calgary, Alberta
 T2E 7C8

Phone: 403.242.7555, ext. #3
 Staff Development Fax: 403.203.1716

**STAFF DEVELOPMENT - SUPPORT STAFF GROUP
 APPLICATION FORM**

ANY APPLICATION THAT IS NOT COMPLETED CORRECTLY WILL BE RETURNED

Worksite: _____

Contact Name: _____

Phone Number: (403) _____ Fax Number: (403) _____
(required field for confirmation)

Activity: _____

Date of Activity: _____

Activity Location: _____

Number of Participants: _____
(Please include list of participants)

ACTIVITY:	\$
ACTIVITY LOCATION:	\$
TOTAL EXPENSES:	\$

**ACTIVITY OUTLINE AND COST BREAKDOWN
 MUST BE INCLUDED WITH THIS APPLICATION**

Signature of Applicant: _____

Signature of Supervisor: _____

Please fax to: **403.203.1716**

This application can also be mailed to the above noted
 address or sent through the CBE inter-school mail