8th Annual Region III CARE/CalWORKs Retreat 2014

Registration Form

"S.H.O.U.C.D.F.R.

(Stand, Humility, Owning, Unity, Legacy, Dignity, Excellence, Respect)"

Saturday, April 19, 2014 - 8:00 am to 3:30 pm

| COLLEGE: | | | | | | |
|--|-------------------------|----------|-----------|------|-------------------|-------------|
| LAST NAME | | | FIRST NA | ME: | | |
| SID#: | | | ☐ Student | • | ☐ Staff | |
| Program (ch | eck all that apply): | | □ CARE | | ☐ CalWORK | S |
| Phone #: H | lome: | Cell: | | Worl | (: | |
| Do you need transportation? (Pick up will be from your campus) ☐ Yes ☐ N | | | | | | |
| Do you need | d Childcare? | | ☐ Yes | □ No | coordinator at vo | our college |
| If yes, please contact the coordinator at your college. If any special dietary restrictions, please list: | | | | | | |
| Special acco | mmodations (please | identify | y): | | | |
| | n Liability: Students r | • | • | | | nplete the |



Retreat Information

Location: College of San Mateo - College Center (Bldg. 10)

1700 W. Hillsdale Blvd. San Mateo, CA 94402

Phone: (650) 574-6154

Date: Saturday, April 19, 2014

Time: 8:00 am to 3:30 pm

We look forward to you joining us for this retreat. The retreat includes great (and free) meals, workshops, and speakers. You will have the opportunity to share and learn how to harmonize the social, spiritual, psychological, physical, and financial aspects of your life.

STUDENTS: Please complete this registration form and RETURN to your college coordinator BY MONDAY, March 17, 2014.

COORDINATORS: Please return forms to Tami Hom by fax at (650) 574-6157 or

by email to homt@smccd.edu