



Pacific/Prairie 5-DAY Education Seminars  
 CLC Winter School  
 February 8 – 13, 2026  
 Harrison Hot Springs Resort, Harrison BC  
**Note: this is a smoke-free facility**

Pacific

Turtle Island

Social Stewards

Please CHECK the course you're applying for, and fill out the application below: (one per person)

<b>NAME OF LOCAL:</b>		<input type="checkbox"/> Urban	<input type="checkbox"/> RSMC	<input type="checkbox"/> PSBU
<input type="checkbox"/> Sister	<input type="checkbox"/> Brother	<input type="checkbox"/> *X	<input type="checkbox"/> Indigenous	<input type="checkbox"/> Differently Abled
*Includes Trans, Non-Binary, and Binary gender identities, as well as members who do not want to disclose their gender identity.			<input type="checkbox"/> LGBTQ	<input type="checkbox"/> Worker of Colour
			<input type="checkbox"/> Young Worker (35 or younger)	
<b>Full Name:</b>		<b>Pronouns:</b>		
<b>HRID#</b>				
<b>Full Address:</b>		<b>City:</b>		<b>Postal Code:</b>
<b>Phone #:</b>		<b>Email:</b>		
<b>Work Schedule: (i.e. start and finish time and days off)</b> <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time/PRE <input type="checkbox"/> Temp/OCRE				
<b>Emergency contact name:</b>			<b>Phone #</b>	
<b>Food Allergies – Transportation - Accommodation</b>				
<i>Please list any environmental or <b>food allergies</b>, mobility, medical, hearing or visions issues that we should be aware of:</i>				
<b>I will be travelling by:</b> <input type="checkbox"/> Bus <input type="checkbox"/> Personal Vehicle <input type="checkbox"/> Air (special request): _____				
Aeroplan# _____		Birthdate (for air flight purposes) _____		
		<b>Day/Month/Year</b>		
<b>Important: Please print name as appears on ID for airline ticket purposes:</b>				
_____				

All Accommodations are guaranteed.

By signing below, I acknowledge that if my application is accepted to attend this Educational Seminar and I am unable to attend, I or my Local will be held responsible for any nonrefundable costs incurred and any “no-show” costs associated with non-attendance.

All applications must be approved by your Local Executive and the registration form must be signed by the Local President or designate. **Deadline is 5pm on Friday November 28<sup>th</sup>, 2025.**

\_\_\_\_\_  
Signature of President

\_\_\_\_\_  
Signature of Applicant

How long have you been a CUPW Member?	0-4 Years <input type="checkbox"/>	5-10 Years <input type="checkbox"/>	11-15 Years <input type="checkbox"/>	16-20 Years <input type="checkbox"/>	20+ Years <input type="checkbox"/>
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Have you attended any other CUPW Educational(s)? Please list.

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What positions have or do you hold in your Local?

**(e.g. Executive, Shop Steward, Committee Member)**

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Please list any involvement in your community.

**(Labour or otherwise)**

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Briefly describe what interests you in the course(s) you are applying for.

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How do you plan to apply what you will learn in this course as a Member of CUPW or in your community?

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