

Food Handler Certification Course

REGISTRATION FORM 2025

Name of participant: _____

Organization Name (if applicable) _____

Mailing address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Fax: _____

Email Address: _____

Registration Details

Registration Fee: \$50.00 (HST included)

Details: You will receive a resource manual, chlorine test strips, certificate, and wallet card

Please check one of the following course dates:

- ☐ **May 22, 2025** **8:30 - 4:30** **Grey Bruce Health Unit, Owen Sound**
- ☐ **October 2, 2025** **8:30 - 4:30** **Grey Bruce Health Unit, Owen Sound**

Payment Information

- Payment ***must*** accompany registration 5 days prior to course. Only ***organizations*** will be invoiced if requested.
- TO PAY BY CREDIT CARD, please go to <https://www.publichealthgreybruce.on.ca/About-Us/Event-Calendar> and select the correct date on our website.
- Courses are ***non-refundable***; ***substitutions will be accepted***.

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| <p><input type="checkbox"/> Payment enclosed:</p> <p>Make cheque payable to:</p> <p><u>GREY BRUCE HEALTH UNIT</u></p> <p>Mail completed form and full payment to:</p> <p><i>Grey Bruce Health Unit</i> <i>101 17th Street East</i> <i>Owen Sound ON N4K 0A5</i> <i>Attention: Food Handler Course</i></p> <p><i>HST Registration Number 133652826</i></p> | <p><input type="checkbox"/> Request Invoice (Fax Completed Registration Form and P.O. number if applicable to Fax#: 519-376-6310)</p> <p><u>Billing Information</u></p> <p>Organization Name: _____</p> <p>Email address: _____</p> <p>Address: _____</p> <p>City: _____</p> <p>Province: _____</p> <p>Postal Code: _____</p> <p>Attention: _____</p> <p>Contact Telephone: _____</p> |
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Please Note: The Grey Bruce Health Unit is a Scent Sensitive Facility

