



## Quebec City Local Tour Guide Program Registration Form

Family name at birth: \_\_\_\_\_

First name: \_\_\_\_\_

Date of birth: \_\_\_\_\_  
Month/Day/Year

Sex: M  F

Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone number: Home: \_\_\_\_\_

Other: \_\_\_\_\_

E-mail address: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date