

Fred'S HALLOWEEN CAMPAIGN - 2017

REGISTRATION FORM

School Name: _____

School Address: _____

City and Postal Code: _____

School Schedule: _____

Phone Number: _____

Contact Name: _____

Email Address: _____

Name of parent,
teacher or person that
made you aware of this
Halloween Campaign
so we can thank them: _____

Email Address: _____

Phone Number: _____

QUANTITY OF BOXES NEEDED : _____

Do you intend to count the money at school or would you prefer *Fred* to collect the Halloween boxes and count it for you?
Please make your choice.

- We will count the money collected and will send a cheque to *Fred*.
- We prefer *Fred* to pick up the Halloween boxes and count the money.

****Please return your registration form either by fax at 514-731-2683 or by email at info@diabetes-children.ca****

On behalf of all children living with type 1 diabetes in Quebec,
Fred would sincerely like to thank you for your participation!

