



LIFESAVING SOCIETY
The Lifeguarding Experts

REGISTRATION FORM

Lifesaving Society 500 metre swim for 500 lives

Aquatic Staff Challenge Event

National Drowning Prevention Week

(3rd week of July)

Contact Name:		
Contact Email Address:		
Event Date(s):		
Facility Name:		
Facility Address:		
Facility City:		Facility Postal Code:
Facility Phone #:		Facility Fax #:
Sponsor Sheets	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many? _____
No. of Aquatic Staff (per facility)	# _____	FOR LIFESAVING SOCIETY OFFICE USE: # of Staff participated _____
“Coin Drive” Canisters	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many? _____

To register please fill in form and fax this form to **416-490-8766**, attention: Fundraising. For additional information, please contact **Laurie Priestman** at the Lifesaving Society office at **416-490-8844**.

Take the Challenge and Save a Life!