



LIFESAVING SOCIETY
The Lifeguarding Experts

EVENT REGISTRATION FORM

Title of fundraising event: _____

Date submitted: _____

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? _____
Swim to Survive® Wristbands	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many? _____
Event In An Envelope Required? (less than 40 participants)	<input type="checkbox"/> Yes <input type="checkbox"/> No	For more information contact us.
Event In A Box Required? (40 or more participants)	<input type="checkbox"/> Yes <input type="checkbox"/> No	For more information contact us.

To register please fill fax this form to **416-490-8766**, attention: Fundraising. For additional information contact **Laurie Priestman** at the Lifesaving Society by phone **416-490-8844** or by email, fundraising@lifeguarding.com.

With your help, we can save lives!