



LIFESAVING SOCIETY
The Lifeguarding Experts

REGISTRATION FORM

Fundraising Event

Lifesaving Society Rescue Tube Relay

Event Date(s): _____

Contact Name:		
Contact Email Address:		
Date Submitted:		
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, complete Wristband Order Form (Attached)
Event Material	<input type="checkbox"/> Envelope contents for 30 participants	If more required, please specify # of participants _____

Web 2014

Thank you for becoming a fundraising partner. To register your event, please complete this form. Once submitted, we will be in touch with you to provide event support and advice. Please send form via email: fundraising@lifeguarding.com, fax: 416-490-8766 or mail: Lifesaving Society ATTN: Fundraising, 400 Consumers Road, Toronto, ON, M2J 1P8. If you require additional information please contact Laurie Priestman by phone 416-490-8844.

Join in the Fun! Let's Save Lives!