



SADD CHAPTER REGISTRATION FORM 2011-12 School Year

Please consider joining with us to help save lives and reduce injuries. Your SADD organization is continually working to offer effective and fun ways to make a difference.

School: _____

Address: _____

City: _____ Postal Code: _____

Phone: _____ Fax: _____

Email/s: _____

Renewal or New (was not a chapter last year): R N (please circle one)

SADD Student President's

Name/s: _____

Email: _____

Adult Advisor/s:

Names: _____

Email/s: _____

Advisor Pins Needed: _____ *Please don't order if you have pin from previous years*

Please mail form with \$25 cheque to SADD Saskatchewan / 1870 Lorne Street / Regina, SK / S4P 2L7
PH: 757-5562 FAX: 757-5569 E-MAIL: sad@sasktel.net WEB: www.saddsask.ca