

**2025 PROVINCIAL CONFERENCE REGISTRATION FORM
OCTOBER 23-24, 2026**

Name: _____ **Grade Level:** _____
Home Phone: _____ **E-Mail:** _____
Hospitalization #: _____
School: _____
School Address: _____
School Phone: _____ **School Fax:** _____
Emergency: _____ **Relationship:** _____
Contact: _____
Home Phone: _____ **Work Phone:** _____

Please specify any dietary requirements (gluten-free, vegan, etc):

Adult Advisor Attending _____
Conference: _____
Fee: Registration \$80. All fees must be paid to the provincial office
Includes all activities and meals. Does not include accommodation. prior to conference start.
Methods: Payment Cheque/Money Order
To: Payable SADD Saskatchewan
Name: Teachers Printed _____
Signature: Teachers _____
Agree: I *Anyone causing damage will be responsible for any damages and ejected from the conference without refund and at their own expense.*
Delegates _____
Signature: _____

Please copy and submit one form for each delegate, advisor, or chaperone attending the conference. This may be done by mail or fax. MAIL TO: SADD SASKATCHEWAN #201 1275 BROAD ST. REGINA, SK. S4R 1Y2. NOTE THIS IS OUR NEW ADDRESS. Should you have any questions, please contact the provincial office. THE DEADLINE TO SUBMIT YOUR REGISTRATION FORMS TO OUR OFFICE IS **OCTOBER 16, 2026**.

Phone: 306.757.5562

Fax: 306.757.5569

E-Mail: sadd@sasktel.net