



SADD CHAPTER REGISTRATION FORM 2026-27 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.

PLEASE PRINT CLEARLY

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 NOTE OUR ADDRESS BELOW. THANK YOU.

Please mail form with \$25 cheque to SADD Saskatchewan /#201 - 1275 Broad Street / Regina, SK S4R 1Y2 PH: 757-5562 FAX: 757-5569 E-MAIL: sadd@sasktel.net WEB: www.saddsask.ca