

# JANEWAY JAMARAMA SCHOOL REGISTRATION FORM

\* required information

Please fill out the form below:

**INFORMATION: Contact Name/Principal Name/Team Captain Name**

Contact First Name:\*

Contact Last Name:\*

School Name:

Email:\*

STREET Address Line 1:\*

Required for COURIER service

MAILING Address Line 2:

Required for Canada Post

City:\*

Province:\*

ZIP/Postal Code:\*

Country:\*

Phone:

**Additional information (required to determine # of stickers or buttons):**

How many Primary or Elementary students attend your school? \_\_\_\_\_

How many Junior or High School students attend your school? \_\_\_\_\_

How many Staff including Support Staff work at your school? \_\_\_\_\_

**Please return this form to:**

Janeway Foundation

Fax: 709-777-4489

Email: [jamarama@easternhealth.ca](mailto:jamarama@easternhealth.ca)