

JANEWAY JAMARAMA SCHOOL ORDER FORM

2020

Please fill out the form below:

INFORMATION: Contact Name/Principal Name/Team Captain Name

Contact First Name:	<input type="text"/>	
Contact Last Name:	<input type="text"/>	
School Name:	<input type="text"/>	
Email:	<input type="text"/>	
STREET Address Line 1:	<input type="text"/>	Required for COURIER service
MAILING Address Line 2:	<input type="text"/>	Required for Canada Post
City:	<input type="text"/>	
Province:	<input type="text"/>	
ZIP/Postal Code:	<input type="text"/>	
Country:	<input type="text" value="Canada"/>	
Phone:	<input type="text"/>	

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