



FRED's HALLOWEEN CAMPAIGN 2019

Registration Form

Name and address of the school:

Phone number:

Name of the person in
charge:

Email :

Name of the parent, of the teacher or of the person who has motivated you in participating in this campaign so we can address our gratitude:

This person's email:

This person's phone number:

NUMBER OF MONEY BOXES REQUIRED:

On behalf of all the children living with Type 1 Diabetes in the province of Quebec, **FRED** thanks you for your participation!

Please return this form either by **fax** at **514-731-2683** or by **email** to **info@diabete-children.ca**



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