



# FRED's Halloween campaign

**FRED's HALLOWEEN CAMPAIGN 2019**

## Registration Form

Name and address of the school:

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Phone number:

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Name of the person in  
charge:

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Email :

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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:

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This person's email:

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This person's phone number:

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**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**