



SADD CHAPTER REGISTRATION FORM 2015-16 School Year

Start the registration process online by visiting <http://www.registerchapter.ca> and filling out the form provided!

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.

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 mail form with \$25 cheque to SADD Saskatchewan /4141 25th Avenue / Regina,SK / S4S 6S8 PH: 757-5562 FAX: 757-5569 E-MAIL: sadd@sasktel.net WEB: www.saddsask.ca