



Pre-Registration Form for the 2016-2017 Sainte-Justine Private Schools Youth Challenge

About the School

**Indicates a required field*

School name*: _____

Main address*: _____

(All materials will be delivered to this address.)

City*: _____

Postal code*: _____

Province*: _____

Country*: _____

Total number of elementary school students*: _____

Total number of high school students*: _____

About the Principal

Principal's first name*: _____

Principal's family name*: _____

Title*: _____

Work phone*: _____

Mobile: _____

Email*: _____

This information is required strictly for our records. We will be in touch with the event coordinator to finalize all event-related logistics.

About the Event Coordinator

Coordinator's first name*: _____

Coordinator's family name*: _____

Title*: _____

Work phone*: _____

Mobile: _____

Email*: _____

Event Details

Fundraising target: \$ _____

Type of school: Elementary school
 High school

Number of participating students*: _____

Date of event*:

Fall 2016

Launch date _____

Fitness challenge date _____

Spring 2017

Launch date _____

Fitness challenge date _____

Event location: _____

Please return your completed pre-registration form to
defijeunesse@fondationsaintejustine.org.



To reach us:

CHU Sainte-Justine Foundation

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