

SCHOOL PARTICIPATION FORM



Please indicate if you need a School Fundraiser Kit sent out. YES NO

Number of students in the school: _____
(Schools with an enrollment of 250 or more may choose to receive two kits.)

Would you like "Helping Hands" to sell? YES NO If "Yes" Indicate # Requested _____

Name of School: _____

Contact Person: _____

Mailing Address: _____

Town / City: _____ Postal Code: _____

Phone#: _____ Fax#: _____

E-mail Address: _____ Grades Involved: _____

Number of years your school has been involved with Telemiracle: _____

Describe the Event(s) you have planned: _____

For Office Use Only: School Database Excel Spreadsheet

We would love to see your pictures or video of your event(s).
E-mail them to us, if you choose, so we can share in the excitement of the moment!
Or—tag us on Facebook, Instagram, or Twitter!

Please mail, fax or email as soon as possible to:
Kinsmen Telemiracle Office
2217C Hanselman Court
Saskatoon SK S7L 6A8
Fax: (306) 653-5730
Phone: (306) 244-6400 ext. 4
E-mail: telemiracle@telemiracle.com

