

BEST BUDDIES



Best Buddies of Canada Program Application

Please return completed application form via email or fax.

Email: info@bestbuddies.ca **Fax:** 416-531-0325

Phone: 416-531-0003 or 1-888-779-0061

Section I: School Information

Full School Name: _____

Total number of students at school: _____ Approx. # of students with IDD/ASD: _____

Section II: Chapter Information

Main Staff Advisor: _____

Email: _____

Second Staff Advisor: _____

Email: _____

When is the anticipated start date? _____

As needed, Best Buddies provides funding of \$4.00 per participant, for up to 4 events a year, for High School Chapters and; \$2.50 per participant, for 2 events a year, for Middle and Elementary School Chapters. Would your school require this funding?

Yes

No

Section III: Principal Information and Disclaimer

I am committed to providing ongoing staff support to ensure the success of the Best Buddies program at my school. I agree to save, hold harmless and indemnify Best Buddies of Canada for any risks and/or liabilities resulting from the program. I acknowledge and agree that this is a school program which is run by the school and all risks and liabilities associated with it will be the responsibility of the school.

Principal's Name: _____ Date: _____

Principal's Signature: _____

Charitable # 89530 0861 RR0001