

## Walk & Roll Week Registration Form

School Name:			
Number of Student	s:		
Number of Classro	oms:		
Name of School's	Walk & Roll (	Coordinator:	
Coordinator's Ema	il Address:		
Coordinator's Role	:		
☐ Administrator	☐ Teacher	☐ Parent	☐ Other:
How did you hear a	ıbout Walk &	Roll Week?	
You're al	most done! Jus	st send this re	gistration form to:
<b>Mail</b> City of Surrey		Email transportation@surrey.ca	

Personal Information is collected for the purposes of administering the Safe & Active School program and to provide you with information relevant to the program by email. The City of Surrey is collecting this information under s26(c) of the Freedom of Information and Protection of Privacy Act. For questions regarding the collection of personal information, please contact the Manager of Marketing and Communications. You can withdraw your consent at any time by clicking "unsubscribe" at the bottom of any of our emails.

Fax

(604) 591-8693

**Transportation Planning Section** 

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