Food & Prizes!

Challenge your friends!

2017 Polar Brrr Swim Pledge and Contact Form

ALL PROCEEDS TO THE GALIANO HEALTH CARE SOCIETY

NAME	ADDRESS	PHONE #	PLEDGE	PAID?

For questions please call Diane at 250-539-9895 or Linda at 250-539-3753. Pledge funds can be handed in at the swim, or to Linda at the Health Care Centre anytime before the swim. Thank you.

2017 Polar Brrr Swim Contact Form

NAME: _____

ADDRESS: _____

(address needed to mail certificate)

Optional: Age _____ # of Years doing Polar Brr: _____