

Ontario Division Family Transportation Log Sheet



Canadian Cancer Society
Société canadienne du cancer

Please complete this form and forward a copy to the Society office listed below. Information on this form will become part of your child's file and will be kept strictly confidential.

Child's name: _____ Birth date: ____/____/____
Print legibly First name Last name month day year

Payment to: _____
Print legibly First name Last name

Address & Phone: _____

Trip	To:	Date: (M/D/Y)	Family cost \$10/trip	Treatment centre/hospital <i>(SIGNATURE REQUIRED for each date)</i>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				

Grand totals \$ _____

Please return to:

**Canadian Cancer Society
55 St Clair Ave W #500
Toronto, ON M4V 2Y7
Attention: Transportation**

Family Signature: _____
REQUIRED

Date: ____/____/____
month day year

Society Signature: _____
 required

Date: ____/____/____
month day year