



Attn: Sharon Sng
Officer, Community Partnerships

Application Form For Childhood CARE Talk (2008)

Yes, we would like CCF to conduct the talk at our school:

<i>Level</i>	<i>Proposed date</i>	<i>Proposed time</i>
Primary 1	(Kindly Furnish your preferred schedule)	
Primary 2		
Primary 3		
Primary 4		
Primary 5		
Primary 6		

Are you agreeable for Children's Cancer Foundation to put up an educational exhibition at your school? Yes / No (*please circle accordingly*)

No, we would not be able to schedule for the talk in 2008. However, I would like to know how my school could partner CCF, in service learning project so as to raise childhood cancer awareness.

School : _____

Teacher-in-charge : _____

Contact No. : _____ (O) _____ (HP)

Email : _____

Please fax this form to 6835 0032.