## **Classroom For A Cause**



Registration Information	
Date:	
School Name:	Teacher's Name:
School Address:	
Contact Information:	Number of Students in Classroom:
Please note that all artwork submitted m	nay be used for public awareness purposes;
for display at events, on social media, in	monthly e-newsletter and on Lupus
Canada's website.	

Please email the completed registration form to info@lupuscanada.org

Thank you for supporting those living with lupus!

Lupus Canada
PO Box 8, LCD 1
Newmarket, ON L3Y 4W3
Charitable Registration # 11902 5872 RR0001