



Date: _____

St. John Ambulance

SAVING LIVES
at work, home and play

WE CAN HELP TOO!
ORDER FORM

School Name (Please print clearly)

Address	City	Postal Code
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Phone Number	Fax Number	Contact Name:
		Email Address:

Number of Student Packages requested: _____

Number of Teacher Guides requested: _____

Please indicate delivery method:

____ **Will pick up (from St. John Ambulance, Edmonton)**

____ **Mail to school**

Please email, or mail your order form to:

Email: stores.ed@sj.ca
Mailing Address: 12304-118 Avenue, Edmonton, AB T5L 5G8
Phone: 1-800-665-7114, ext. 1052

For Office Use Only:

Date order was filled: _____ **Filled by:** _____

Notes: _____