



Request for Outreach Services Form



School/Community/Agency/Group Home/Other:

Contact Information:

Name: _____ Phone Number: _____

Email: _____

Type of Service Requested:

- Presentation
- Workshop (Life is Sacred)
- Youth Camp
- Prescription Drug Abuse
- Other (Please Specify): _____

Topic Requested: _____

Date(s) Requested: _____

Grade(s)/Age of Youth: _____

Number of Participants/Students: _____

Please forward completed request form to:

Outreach Coordinator

White Buffalo Treatment Centre

Box 2500 Prince Albert, SK S6V 7G3

Phone: (306) 764-5250 Fax: (306) 764-5255

Email: Outreach@wbtc.ca

Office Use Only

Date Received: _____ Via: _____