



TOOLS FOR TOLERANCE®
Team Application (one form per team)

Team Members (minimum of 3 per team*):
*Based on space availability, some members of the team may not be accepted.

1. Name _____
Title _____

2. Name _____
Title _____

3. Name _____
Title _____

4. Name _____
Title _____

5. Name _____
Title _____

6. Name _____
Title _____

Designated team leader? _____

NOTE: PARTICIPANTS MUST ATTEND THE COMPLETE PROGRAM.

Name of program applying to:
Date(s) of program applying to: (if team is available for multiple dates, list in preferred order)

Please send this form, in addition to the Individual Team Member Applications, to:
Shawna Spiegelman, Project Coordinator
sspiegelman@fswc.ca
fax: 416.864.1083