



SIGN-IN SHEET

GROUP NAME:

DATE:

[illegible]

**I consent to receive emails on upcoming LLLC events and activities and fundraising initiatives. (La Leche League Canada protects the personal information you provide. This information allows us to keep you informed of any public health requirements, La Leche League Canada services, special events and funding needs. La Leche League Canada does not lend, rent or trade our mailing lists. La Leche League Canada manages our contact database in compliance with Canada's Anti-Spam Law. If at any time you wish to be removed from any of these contacts, please advise us at office@lllc.ca)*