



Client Log Sheet

Client Name: _____

Phone Number: _____

Mailing Address: _____

City: _____

Postal Code: _____

Email: _____

Date	Client's Town	Destination	Reason for Appointment	Total KM (Round Trip)	Parking

Fill out and return to South Central Cancer Resource **monthly**.

Mailing Address: #400 - 34 Stephen St. Morden, MB R6M 2G3

Email: sccrprograms@gmail.com

Fax: 1-844-350-9343

Phone: 204-822-9541

Website: www.sccr.mb.ca

FOR OFFICE USE ONLY:

TOTAL TRIPS: _____ TOTAL KM: _____ TOTAL PARKING: _____

