

# Gander Neighbourhood Watch

## BLOCK CAPTAIN REGISTRATION FORM

**Resident Name:**

**Alternate Resident Name:**

**Address:**

**Postal Code:**

**Phone:**

**Alternate Resident Phone:**

**Resident Email:**

**Alternate Resident Email:**

**Watch Area (Street):**

**Block Captain Interest: Yes      or No**

**Return completed form to:**

**Town of Gander  
100 Elizabeth Drive  
Gander, NL  
A1V 1G7**

**Or**

**[neighbourhoodwatch@gandercanada.com](mailto:neighbourhoodwatch@gandercanada.com)**

**Signature:**

**Date:**