Period Promise Program

Application Form

Date of Request:	
Building Name: Antkiw Court	**Unit #**
Applicant: (First & Last Name)	
Email:	
Telephone:	
Which re-usable product would you like to order? Option 2: Menstrual cup + Four re-usable liners	
If you selected Option 1 - Period Underwear: Please note that Option 1 is CLOSED FOR 2025; please check back in 2026!	
If you selected Option 2 - Cup, please choose your size: ☐ A ☐ B	
Have you participated in ENFHS Period Promise Program in the past? ☐ Yes ☐ No	
How did you hear about the Period Promise Program? ☐ ENFHS Website ☐ ENFHS Event ☐ Staff member ☐ Neighbour ☐ Other, please specify	
Would you like to leave any comments for the ENFHS Period Promise Program?	

Internal Use Only	
Reviewed by:	Date of Review:
Approved: ☐ Yes ☐ No Comments:	