



School Participation Agreement

School Name

Please provide the following information:

Teen Leader(s) Name(s)

Signature(s)

Advisor's Name/Affiliation (Club or Class Name)

Signature

School Mailing Address

Phone

E-mail address

My school will provide a group of students to assist in the program. By signing this agreement, my school agrees to participate in the Seat Belts Save Challenge.

School Principal's Name (Please Print)

Principal's Signature

Date

Submit form to Julie Kettner at jkettner@noys.org by March 1, 2016.