Living Healthy Commotion Registration Form

Please send your completed form to the School Health Promotion Liaison Consultant in your School District (see Living Healthy Commotion Activity Booklet for addresses).

Name of School:_____

Mailing Address: _____

School District: _____

Name of Commotion Contact: _____

Telephone: _____ **FAX:** _____

E-Mail: _____

Please provide a brief description of your proposed Living Healthy Commotion:

Thank you!

Thank you for organizing a Living Healthy Commotion! After the completion of your Commotion, please send in the Commotion Evaluation Form. Financial assistance to help support your school's Commotion will be forwarded to you upon receipt of the Evaluation Form.