



## Living Healthy Commotion Registration Form

Please send your completed form to the School Health Promotion Liaison Consultant in your School District (see 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 for organizing a Living Healthy Commotion! After the completion of your Commotion, please send in the Commotion Evaluation Form. Thank you!***