



Life Skills Bread Baking Program ®

Life Skills APPLICATION

Today's Date _____

School Name _____

School Address _____
Street City State Zip

Contact Information

Your Name/Title _____
Your School phone # _____ Email _____
Alternate phone # _____ Best hour to reach you _____

Participating Grades (Please circle) 4 5 6 7

Total number students participating (**minimum 200**) _____

List three date choices for the program (Thursday or Friday is best.)

Note: *Life Skills presentations are held in the morning.*

Month/ day / year Month/ day /year Month /day /year

Where will you be donating the bread? _____

Tell us about your school and how your students will benefit from our program:

Please email to: Julie.christopher@kingarthurfLOUR.com
Or fax to: 1-802-649-3362
Or mail to: Julie Christopher, King Arthur Flour, 135 US Route 5 South, Norwich, VT 05055