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ESTD 1790

Life Skills APPLICATION

today's date _____

school name _____

school address _____ | _____ | _____ | _____

street city state zip

contact person (**must be a school employee**) _____ title _____

email _____ best time to reach you at school _____

school phone _____ alternate phone _____

Participating grades (**please circle**): **4 5 6 7** Total number students participating (**minimum 200**): _____

Each Life Skills presentation is 50-minutes. We will try to accommodate the dates you suggest below. Mornings are best. Your school provides an LCD projector, screen, and a wireless clip-on or head set microphone for the presentation.

_____	_____	_____
<i>month / day / year</i>	<i>best time</i>	<i>location (gym, cafeteria, auditorium)</i>
_____	_____	_____
<i>month / day / year</i>	<i>best time</i>	<i>location (gym, cafeteria, auditorium)</i>

Where will you be donating the bread? (**be sure to contact them first**)

full name of organization _____ city, state _____

full name of organization _____ city, state _____

Does your school have a Media Coordinator? _____ no _____ yes

If yes, name _____ email _____

Please list local news sources in your community (newspaper, TV, radio):

1. _____ 2. _____ 3. _____

How did you hear about Life Skills? _____

Please tell us about your school and how your students will benefit from the Life Skills Program. (**continue on back**)



Questions? Please visit kingarthurfLOUR.com or call 802-526-1837

Return application to:
 Email: lifeskills@kingarthurfLOUR.com
 Fax: 802-649-3362
 Mail: Life Skills, 62 Fogg Farm Road, White River Junction, VT 05055