



ESTD

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admin use only	
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# Life Skills APPLICATION

today's date \_\_\_\_\_

school name \_\_\_\_\_

school address \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_

*street* *city* *state* *zip*

**contact information (must be a school employee)**

your name \_\_\_\_\_ title \_\_\_\_\_

your school phone # \_\_\_\_\_ email \_\_\_\_\_

alternate phone # \_\_\_\_\_ best time to reach you \_\_\_\_\_

Participating grades (please circle):     **4**     **5**     **6**     **7**

Total number students participating (minimum 200): \_\_\_\_\_

List three date choices for the program. Fifty-minute presentations are held in the morning.

**1st choice:** \_\_\_\_\_ | \_\_\_\_\_

*month / day / year* *best time*

**2nd choice:** \_\_\_\_\_ | \_\_\_\_\_

*month / day / year* *best time*

**3rd choice:** \_\_\_\_\_ | \_\_\_\_\_

*month / day / year* *best time*

Where will you be donating the bread? \_\_\_\_\_

Tell us about your school and how your students will benefit from our program (continue on back, if necessary):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Return to:**

email: [lifeskills@kingarthurfour.com](mailto:lifeskills@kingarthurfour.com)

fax: 802.649.3362

mail: Life Skills Bread Baking Program®

King Arthur Flour | 135 US Route 5 South | Norwich, VT | 05055