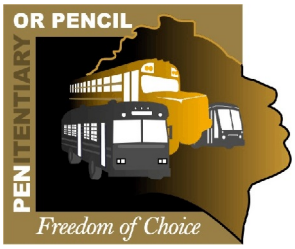

SCHOOL REGISTRATION

2007-2008 PEN OR PENCIL B.U.S. Boycott Movement

Please complete and return via fax to (703) 765-9761

Name of School_____

Location Address of School_____

Mailing address, if different from above_____

_____

Name of Principal_____

Name of Point of Contact_____

Telephone Number of Direct Contact_____

Email addresses: Principal_____

Point of Contact_____

Fax Number_____ Number of youth enrolled _____

Grades represented at this school_____ Number participants anticipated_____

Please indicate the volunteer activity(ies) that will be performed by the students to satisfy service requirement:

1._____

2._____

3._____

PEN OR PENCIL Program Host_____

Point of Contact Name_____

Email of the above_____ Phone_____