

Registration Form

Turn-Off the Screens

School Name: _____

School Contact Name: _____

Phone Number and Email: _____

Please attach a list of:

- Participating teachers
- Grades
- No. of students in each grade

Teacher and student materials will be provided after registration

Thank you for your support!

Please fax this form to your school nurse @ 625-4825. Deadline for registration is March 9/07

