

Sign up form for International Walk to School Day 2010

YES! My school will participate in Walk to School Day on (circle one):

October 4 5 6 7 8

Name of School(s): _____

Address of School: _____

Your name: _____

Phone: _____ Email: _____

Name & contact info. of Walk to School Day Coordinator, if different from above:

Name: _____

Phone: _____ Email: _____

Has this person coordinated Walk to School Day before?

YES NO

I understand that my site coordinator must meet with a Safe Routes to Schools staff member for 10-15 minutes in the weeks leading up to W2SD. This meeting can either be attendance at a Task Force or an individual school-site meeting.

Return this form to:

Safe Routes to Schools, c/o TransForm

Fax: 510-740-3131

Email: SR2S@TransFormCA.org

Thank you and we look forward to working with your school to make this a great Walk to School Event!

