

PARTNER ENROLLMENT FORM (please complete all fields)



1. The Basics

School/Organization: _____
Street Address: _____
City, Zip: _____
Website: _____
Telephone Number: _____
Fax number: _____

2. Contacts

Principal/Director

Name: _____
Title/role: _____
Telephone number: _____
Email address: _____

SRTS Champion

Name: _____
Title/role: _____
Telephone number: _____
Email address: _____

Second SRTS Champion

Name: _____
Title/role: _____
Telephone number: _____
Email address: _____

3. Walk to School Day

We will participate in: International Walk to School Day (fall) South Carolina Walk to School Day (spring)

4. Signatures (please complete both signatures)

School Principal/Assistant Principal or Executive Director

SRTS Champion

Name

Date

Name

Date

Please return to your School Outreach Coordinator. You can also send to info@SCsaferoutes.org or fax to 864.609.9069