School Participation Agreement

______________________
School Name

Please provide the following information:

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<tr>
<th>Teen Leader(s) Name(s)</th>
<th>Signature(s)</th>
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______________________
Advisor’s Name/Affiliation (Club or Class Name)  Signature

______________________
School Mailing Address

______________________
Phone  E-mail address

My school will provide a group of students to assist in the program. By signing this agreement, my school agrees to participate in the Seat Belts Save Challenge.

______________________  _______________________
School Principal’s Name (Please Print)  Principal’s Signature

______________________
Date

Submit form to NOYS at support@noys.org.