



## **Contact Information**

Address: Principal: Principal's email: Assistant Principal: Assistant Principal's email: No. of members in Green Team: Students  Teacher Participants: (Plea	<b>Employees</b> se include at least 2 o <b>Subject Area + G</b> r	Telephon Telephon No. of sc	e: hool users:	Students	·	Zipcode:  Employees
Principal's email: Assistant Principal: Assistant Principal's email: No. of members in Green Team: Students  Teacher Participants: (Plea	se include at least 2 o	Telephon Telephon No. of sc	e: e: hool users:	Students	·	
Assistant Principal: Assistant Principal's email: No. of members in Green Team: Students  Teacher Participants: (Plea	se include at least 2 o	Telephon No. of sc	e: hool users:			Employees
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No. of members in Green Team: Students  Teacher Participants: (Plea	se include at least 2 o	No. of sc	hool users:			Employees
Teacher Participants: (Plea	se include at least 2 o					Employees
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Name *	Subject Area + Gr			)		
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Please activate the asterisk (*) beside the name of The Teacher Champion will be the 'go-to person' for the Green Sci development trainings <i>The Fall Workshop and the Mid-Year Me</i> Schools agree to Dream in Green's unrestricted use of student are in Green events, website/social media, publications and any pro  Administrative + Facilit (If appropriate please include 1 Administrative Staff + 1 Facility)	hools Challenge in your eeting. nd school staff's work, motional materials. Di	rschool. Participa including photogi ream in Green mu	raphs and audionst be notified i	o/visual recordi n writing of an	ing made of/b	
Name			Title			

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By submitting this form I am certifying that I am in support of this team of teachers, administrators & other school staff in implementing the Green Schools Challenge.

Note: By sending this form to Dream in Green, you consent to implementing the Green Schools Challenge at

Please return application by fax or email to (786) 472-4128 or karla@dreamingreen.org.

Date: