



② COALITION FORM
2008-2009



A coalition of students, educators and/or committee members must oversee the implementation of your school's No Place for Hate® activities.

School Name

Contact 1 Name E-Mail Address

Contact 2 Name E-Mail Address

1) When did your Coalition meet, and how often will you meet during the school year?

Three horizontal lines for writing the answer to question 1.

2) Who served on your Coalition? Please list Coalition members and indicate their roles:

Table with 4 columns: Name, Student, Educator, Parent/Guardian/Community Member. Contains 7 rows for listing members.

Please send completed Coalition Form to 1120 Lincoln Street, Suite 1301, Denver, CO 80203, or via fax to (303) 830-1554.

For more information call (303) 830-7177 ext. 238 or visit regions.ADL.org/mountain-states.

