



⑥ **SCHOOL REQUEST FOR
PROJECT APPROVAL**
2008-2009



School Name

Contact 1 Name

E-Mail Address

Contact 2 Name

E-Mail Address

Please fill in the information about your No Place for Hate® project, with as much detail as possible.

1. What is the title (if any) of this project?

2. Description of project (WHO, WHAT WHEN, WHERE, HOW):

3. How does this project fit with the mission of **No Place for Hate®**?

Please send completed Activity Forms 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.

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