



② COALITION FORM 2008-2009

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

School Name

Contact 1 Name	Title/Role	E-mail Address
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Contact 2 Name	Title/Role	E-mail Address
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Principal Name	E-mail Address
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Phone	Fax	Website
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Address

City	State	Zip
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1) When did your Coalition meet?

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

<u>Name</u>	<u>Student</u>	<u>Educator</u>	<u>Parent/Guardian/ Community Member</u>
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