Coalition Form

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

School Name: _____ Contact Name: _____

Position: _____ Email Address: _____

When did your coalition meet? _____

_____

How often will you meet during the school year? _____

Please list coalition members and indicate their roles by marking applicable box

Name	Student	Educator	Administrator	Parent/ Guardian	Community Member

Please send completed Coalition Form to:

Anti-Defamation League
C/o No Place for Hate® Initiative
25800 Northwestern Hwy, Suite 980
Southfield, MI 48075
Phone (248) 353-7553
Fax (248) 353-1264