Activity Form

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All students must have an opportunity to participate in at least three (3) No Place for Hate® activities.

School Name: _____ Contact Name: _____

Position: _____ Email Address: _____

***Activity Title**_____

**Please note that signing the Resolution of Respect is the first step to becoming a No Place for Hate® designated school and therefore cannot be counted as an activity.*

Activity Dates: Began**:** _____ Completed: _____

Activity Description (WHO, WHAT, WHERE, WHEN, HOW):

_____
_____
_____
_____
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Supplemental Materials (please include copies)

- ☐ Photographs (with description, including names of individuals and affiliations)
- ☐ Press Release
- ☐ PowerPoint Presentation
- ☐ Newspaper/Newsletter Articles
- ☐ DVD/Video
- ☐ Other (please specify): _____

Please send completed Activity 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