



② COALITION FORM
2009-2010



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

School Name

School Coalition Sponsor Name (1)

E-Mail Address

School Coalition Sponsor Name (2)

E-Mail Address

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

Three horizontal lines for text entry.

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 member information.

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.

