



④ ACTIVITY FORM 2009-2010



Activity 1 2 3 4+

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

School Name _____

School Coalition Sponsor Name _____

1) Activity Title*: _____

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

2) Activity Dates - Began: _____ Completed: _____

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

4) Number of attendees: _____

5) Supplemental materials (please include copies):

- Photographs (with description, including names of individuals and affiliations) Press release
- PowerPoint Presentation Newspaper/Newsletter articles DVD/video tape
- Other (please specify): _____

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.