



⑧ **SHARE YOUR  
EXPERIENCE/ STORY**  
2009-2010



Please share an experience about how the No Place for Hate® campaign impacted you individually, or the impact of this campaign on your school community.

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School Name

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School Coalition Sponsor Name

E-Mail Address

1) Who was involved? (Students, staff, parents, etc.) \_\_\_\_\_

2)  Personal impact?  School Community impact?

3) When did you notice the changes/ impact? \_\_\_\_\_

4) What happened? \_\_\_\_\_

5) How did your involvement in/with No Place for Hate® contribute to this impact?

6) 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 attach additional sheets to better describe the details of your story/ experience with No Place for Hate®.

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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](http://regions.ADL.org/mountain-states).