



## School Project Fulfillment Form

**School Name** \_\_\_\_\_

**Contact Name(s)** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone/email** \_\_\_\_\_

**Date** \_\_\_\_\_

*Please fill in the information about your No Place for Hate® project with as much detail as possible.*

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1. Which *No Place for Hate*® project was this in your school? \_\_\_\_\_ Year Participating  
\_\_\_\_\_ of 3 projects for the year?

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2. What was the title (if any) of this project?

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3. Description of project (WHO, WHAT, WHEN, WHERE, HOW):

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4. Approximately how many people attended?

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5. Was there participation from organizations or people from the larger community?

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6. Please include any accompanying materials such as newspaper articles, photographs and video (with description including names of individuals and affiliations).

**Please return this form to [santa-barbara@adl.org](mailto:santa-barbara@adl.org)**