



2009 ACTIVITY FULFILLMENT FORM

Submission Date: _____

Primary Contact Name _____ Title _____

Organization/Business/House of Worship _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-Mail Address _____ Website _____

1. Description of first completed activity (WHO, WHAT, WHEN, WHERE, HOW): _____

2. Description of second completed activity (WHO, WHAT, WHEN, WHERE, HOW): _____

3. Description of third completed activity (WHO, WHAT, WHEN, WHERE, HOW): _____

***Please submit supportive materials, photos, programs or digital media. All forms and activities must be signed and completed before a designation can be earned. Additional forms can be found at www.communityofrespect.org.**