

***Go Girls! Healthy Bodies, Healthy Minds***  
**School Registration**  
**Fax back to: 525-2171**

Date received (office use only): \_\_\_\_\_

**CONTACT INFORMATION**

School Champion: \_\_\_\_\_ Position/Title: \_\_\_\_\_

School: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

**ALTERNATIVE CONTACT INFORMATION**

Name : \_\_\_\_\_ Position/Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

This is to confirm that \_\_\_\_\_ would like to be  
School Name  
considered for The *Go Girls! Healthy Bodies, Healthy Minds* mentoring program for the 2008/2009 year.

**I would like to register my school for: (please check as many as you would like)**

- FALL SESSIONS (Oct-Dec)**
- WINTER SESSIONS (Feb-Apr)**
- SPRING (Apr-June)**

It is understood that it is the responsibility of \_\_\_\_\_ to promote and  
School Champion  
lead the selection of the female participants, to act as the resource person for the volunteer mentors, to act as the contact person for the Program Manager and to submit all tracking and evaluation forms as required.

**For more information about the program please see our website.**

\_\_\_\_\_  
School Champion

\_\_\_\_\_  
Alternate Contact

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Coordinator