

# ARSON WATCH REWARD PROGRAM

## TEACHER SUBMISSION FORM

Place on top of submission package only! Do No attach to any posters!

If there is more than one teacher submitting posters, please separate posters by teacher and place one sheet on top of each package.

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### SCHOOL CONTACT

(Only One Contact per package)

TYPE OR PRINT CLEARLY ALL of the following information:

Total # of posters being submitted: \_\_\_\_\_

County: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

Teacher's Email: \_\_\_\_\_

School Name: \_\_\_\_\_

School Mail Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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### FIRE DEPARTMENT CONTACT

If Fire Department involvement, provide Fire Department contact information (if available):

Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_

Fire Department: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_