

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.

SCHOOL CONTACT

(Only One Contact per package)

TYPE OR PRINT CLEARLY ALL of the following information:

Total # of posters being submitted: _____

Grade: _____

Teacher's Name: _____

Teacher's Email: _____

School Name: _____

School Mail Address: _____

City/State/Zip: _____