

ARSON WATCH REWARD PROGRAM

TEACHER SUBMISSION FORM

Place on top of submission package only! Do Not 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: _____

County: _____

Teacher's Name: _____

Teacher's Email: _____

School Name: _____

School Mail Address: _____

City/State/Zip: _____

FIRE DEPARTMENT CONTACT

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

Contact Name: _____

Email: _____

Fire Department: _____

Address: _____

City/State/Zip: _____