

**“Pennies For Polio”**  
**Kids Helping Rotary End Polio Worldwide**  
**School District Participation Form**

Name of School District: \_\_\_\_\_

School District Location: \_\_\_\_\_

**Authorization:** *I hereby authorize the participation of our school district as a partner with Rotary District 5110 in the “Trick or Treat with Pennies for Polio” campaign to be held during the month of October, 2010.*

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

The following groups of schools will be participating in the campaign for our district.

Elementary Schools:  Number of Schools: \_\_\_\_\_

Middle Schools:  Number of Schools: \_\_\_\_\_

High Schools:  Number of Schools: \_\_\_\_\_

For campaign coordination purposes, please provide the name of your district’s primary contact for the “*Trick or Treat with Pennies for Polio*” campaign.

Name of District Contact: \_\_\_\_\_

Title: \_\_\_\_\_

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

School District Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Instructions:** Complete the above participation form and return it to the Rotary club that provided it to you. In addition, please forward a copy to the following:

Harriett Schloer,  
District 5110 PolioPlus Chair  
61835 Walter Court  
Bend, OR 97702  
Email: [in2dtp@empnet.com](mailto:in2dtp@empnet.com) Fax: 541-318-9994

When mailing the copy of this completed participation form to the District 5110 PolioPlus Chair, please also include a complete list of the schools (by category above) that will be participating in the campaign. We will need this information for tracking and corporate partnering purposes.