



SWEET SUBJECT

SCHOOL EDUCATION PROGRAM REQUEST FORM

School Name: _____

Address: _____

City: _____, MS Zip: _____

Contact person: _____ Principal: _____

Phone number: _____ Email Address: _____

Available Date & time slots for presentation: _____

Location within school: _____

Is equipment available to play a DVD in the presentation? yes no

Number of teachers expected _____ Are parents/guardians attending? yes no

Are you interested in doing a school walk to *D-Feet Diabetes*? yes no

Child's name: _____ Date of Birth _____

Parent Guardian Information:

Name(s): _____

Address: _____

City: _____, MS Zip: _____

Phone (Daytime/Cell): _____ (Home) _____

Email Address: _____

Comments: _____

Return a scan of form to msdiabetes@msdiabetes.org or Fax to 601-957-9555.



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