



SWEET SUBJECT

School Education Program Request Form

School Name: _____

Address: _____

City: _____, MS Zip: _____

Contact Person: _____ Principal _____

Phone Number: _____ Email: _____

Available date & time slots for presentation:

Location within school: _____

Number of teachers expected: _____ Are parents/guardians attending? Yes No

Are you interested in doing a school *Walk for Diabetes*? Yes No

Child's Name: _____ Date of Birth: _____

Parent/Guardian Information:

Name(s): _____

Address: _____

City: _____, MS Zip: _____

Phone Number: _____ Email Address: _____

Comments: _____

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

