Make a Difference Tallahassee - Sign Up Form

Saturday, February 23, 2008 **School Name: _____**

PLEASE WRITE LEGIBLY

First Name	Last Name	E-mail Address (Very Important)	Primary Phone Number	Student Organization Affiliated with (If Any)	Do you hold any position in a student organization, if so what position?

Please return this form by fax to 850-606-1971 by the 31st of each month, to update the MADT planning committee on your school's level of participation.