



SCHOOL REGISTRATION

✂ DAREarts 'DARE to Draw Attention' Card Project ✂

School/Group name: _____ Tel: _____

Address: _____

PC: _____ E-mail: _____

Signature of Contact \ Leader: _____

The following classes/groups will create DAREarts Cards:

Grade: _____ Number of Children _____ Teacher/Leader: _____

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Grade: _____ Number of Children _____ Teacher/Leader: _____

We will send you your blank cards and instruction kit upon receipt of your registration:

Optional Guest Artist:

___ **YES**, we would like an artist to help at a suggested donation of \$50.00 per half day (2 classes). Our preferred date is: _____. Circle the classes above with whom the artist will be working. Subject to artist availability.

___ **YES**, we would like a complimentary PowerPoint disc about the DARE to Draw Attention program.

**FAX TODAY! 905-729-0037
or Mail to address below**