BBB AKRON

LAWS OF LIFE ESSAY CONTEST

COORDINATOR REGISTRATION

School Contest Coordinator: This completed form must be submitted with mailed entries, unless you are submitting the entries online. All communication will be through the Contest Coordinator, so please designate one coordinator.

Name of Contest Coordinator: _____
Title/Position: _____
School or Organization: _____
Address (for Coordinator): _____

Phone: _____
Fax: _____

County: Ashland
District: _____

Email: _____

For each school participating please list the grade levels participating and total number of essays written.

School (attach additional sheet if more than three)	Grade Level(s) Participating	Total Number of Student Essays Written

List all teachers who participated and attach an additional sheet if more than three.

Name	Email

Comment on your experience with the contest. Please include program benefits, student reactions, recommendations for improvements, etc. (use back if necessary)

☐ **Please check the box and sign.**
For each entry submitted, I have spoken to the student or student's teacher to make a reasonable attempt to verify that the essay submitted represents the student's own work and that any events implied to be real.

_____

Contest Coordinator Signature Date