



Eat Well Get Moving! 2010 REGISTRATION FORM



Get your entire school moving more and eating more vegetables and fruit. Take the Eat Well Get Moving! challenge today.

SCHOOL CONTACT INFORMATION

School Name: _____ District #: _____

Address: _____ Postal Code: _____

Contact Name (key contact for this initiative): _____

Phone Number: _____ Email: _____

Indicate the months that your school will be participating (✓): Feb: _____ Mar: _____ Apr: _____

Please indicate which class(es) will be participating. Include the teacher's name and the total number of students in each class. If more space is required, continue on the back.

Teacher's Name	Division #	# of Students in Class	For VIHA Use Only			
			Feb.	Mar.	Apr.	Total %

Please fax this form to Wanda Hurdle at 250-744-1042 by January 20, 2010.

You will receive an Eat Well Get Moving! Registration Package within approximately one week of receipt of this form.