



LEBANON
MISSOURI

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CITY OF LEBANON, MISSOURI • INCORPORATED 1877

Recycling Makes Sense - School Recycling Challenge Program

PARTICIPANT REGISTRATION FORM

Thank you for your interest in Recycling Makes Sense - a School Recycling Challenge Program! Please fill in the blanks below and return this form to Melissa Myers; Lebanon's Program Coordinator via fax 417-588-6098 or email her at mmyers@lebanonmo.org. Call Melissa at 417-991-3902 for inquiries directly related to this program.

SCHOOL & FACILITIES INFORMATION

School Name: _____

School District: _____
(If a private school, please enter 'Private' in the above field.)

School Address: _____

School Address: _____

City: _____ State: _____ Zip Code: _____

County: _____

School's Main Phone Number: _____

POINT OF CONTACT INFORMATION

Contact's Name: _____

Primary Phone Number: _____

Secondary Phone Number (optional): _____

Contact's Email: _____

How are you affiliated with the school? _____

Which form of communication do you prefer? Phone calls -OR- Text Messages -OR- Email

May we contact your Principal or School Administrator to verify school information if necessary? _____

I, _____ certify that I am completing this form as an adult who is affiliated with the school and am over the age of 18 years. The school district is aware of its intent to participate in this program and agrees that all parties will adhere to the terms and conditions of this program.

Point of Contact Signature: _____

School Official's Signature: _____