

**SAFETY DRAWING PROGRAM  
LOCAL UNIT PARTICIPATION FORM  
2018 - 2019**

**LOCAL UNIT INFORMATION**

Safety Drawing chairs must complete this form.  
Local Unit: Forward this form and your entries to the district.

Unit Name: \_\_\_\_\_ Unit ID #: \_\_\_\_\_

PTA/PTSA President: \_\_\_\_\_

School Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Program Chair: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Number of students enrolled in the school \_\_\_\_\_

Total number of students participating in the Safety Drawing Program \_\_\_\_\_

Total number of entries forwarded to the district \_\_\_\_\_

Student Entrant List

Primary: \_\_\_\_\_ Middle: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Intermediate: \_\_\_\_\_ High: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special Artist: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_