

SAFETY DRAWING PROGRAM DISTRICT PARTICIPATION FORM 2018 - 2019

This form is to be completed by the district PTA representative.

Forward this form, local unit forms, and your winning entries to LAPTA 3rd VP, Programs. This form documents the number of entries submitted to the Safety Drawing Program at the local and district levels. Please provide all of the information requested.

District PTA Name: _____

Program Chair: _____

E-mail: _____ Phone: _____

Number of local PTAs in district _____

Number of local PTAs participating in the program _____

Number of councils in district _____

Number of councils participating in the program _____

Total Entries Received _____

Total Entries Forwarded To State _____