



JAYCEES AGAINST YOUTH SMOKING Project Information Sheet

(Please complete one form per school participating in the program)

CHAPTER CONTACT INFORMATION:

Chapter Name _____

Shipping Address _____

City _____ State _____ ZIP _____

Project Chairperson _____

Home number _____ Work number _____

Fax _____ E-mail: _____

PROJECT INFORMATION:

School name _____

Address _____

City _____ State _____ ZIP _____

Phone number _____ Fax _____

E-mail _____

Contact person _____

Projected number of participating teachers: _____

Projected number of participating students: _____

Projected start date of the JAYS Program: _____

Names of teachers participating in the JAYS Program:

When complete please return to:

JAYS Program Manager

THE UNITED STATES JUNIOR CHAMBER®

PO Box 7 • Tulsa, OK 74102-0007 • fax: 918.584.4422 • e-mail: jays@usjaycees.org