

Registration Form for EPA's SunWise Program

Your Name: _____

How did you learn about SunWise? _____

About Your Organization

My organization is a: Childcare Center / Pre-K Museum Civic Group
 Science or Health Ed. Center Not-for-profit Health Org. University
 Government Other: _____

Org. Name: _____

Org. Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (_____) _____ County: _____

Your E-mail : _____

Org. Web site: _____

Mailing Address: Please send materials to: My Organization (listed above)
 Another Address (enter below)

Alternate Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (_____) _____

Number of students **you plan to teach** SunWise in a year: _____

How do you plan to use the kit (i.e., on testing days as a fun break for students, during our solar unit, or at the beginning of outdoor activities, during rainy day P.E. activities, etc.)? _____

Language: English Materials **OR** Spanish Materials?

In keeping with the EPA's commitment to program evaluation, are you willing to be contacted

INCOMPLETE FORMS MAY NOT BE PROCESSED

Attachment 1b
periodically regarding SunWise?

Yes

No

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