

## No Place for Hate® School

## **Activity Fulfillment Form**

Faculty Sponsor and E-mail:	
Student Sponsor and E-mail:	
Name of Principal:	
	State: Zip Code:
Title of completed activity (If a	pplicable, please put activity #):
Description of Activity (Who, Wh	nat, When, Where, How):
Date Begun:	Date Completed:
Accompanying Materials:	□Newspaper articles
	□Photographs (With description including name of individuals and affiliations):
	□Video tape
	□Letters from local participants
	□Other (please specify):
Number of Attendees (excluding	organizers):
(If applicable)	
Organizer's Name:	
Was a Press Release sent out?	□Yes □No

Please submit a copy of any photographs, power point presentations, newspaper articles or press releases used in promoting **NO PLACE FOR HATE**® in your school. In order to publicize, photographs require signed permission.

Please complete one of these forms for each activity and email, mail or fax to:

Jessica Gall • Anti-Defamation League • 333 South 132 Street • Omaha, NE 68154 Phone: 402.334.6573 • Fax: 402.333.5497 • Email: jgall@adl.org

