



No Place for Hate®
School Activity Fulfillment Form

School Year: _____

Faculty Sponsor and E-mail: _____

Student Sponsor and E-mail: _____

Name of Principal: _____

Name of School: _____

School Address: _____

City: _____ State: _____ Zip Code: _____

Title of completed activity If applicable: Activity # ① ② ③

Description of Activity (Who, What, When, Where, How):

Number of Attendees (If applicable; excluding organizers): _____ Was a Press Release sent out? Yes No

Beginning Date: _____ Date Completed: _____

- Accompanying Materials:
Newspaper articles
Photographs (With description including name of individuals and affiliations):
Video tape
Letters from local participants
Other (please specify): _____

Organizer's Name: _____

Organizer's E-mail: _____

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:

Ayanna Boykins • Anti-Defamation League • 333 South 132 Street • Omaha, NE 68154
Phone: 402.334.6573 • Fax: 402.333.5497 • Email: aboykins@adl.org

