

HEALTH/SAFETY PROGRAM AWARD

Name of Local Unit: _____

Name of Program/Fair: _____

Date of Program/Fair: _____ # of Participants: _____

Criteria for Award: 3 ITEMS must be met in order to qualify:

1. **PTA/PTSA plans and implements** a health and/or safety program/fair that promotes awareness of health or safety issues, or physical activity for families.
2. **Must be a PTA in good standing:** See all SIX requirements on our website <https://www.dccpta.org/2016/07/14/what-does-in-good-standing-mean/>
3. Submitted to the DCCPTA Awards Chair

DEADLINE: ON OR BEFORE 12 NOON, at the March DCCPTA General Meeting (see website for date)

LOCATION DCPS School Board Building, Cline Auditorium, 1701 Prudential Dr., 32207 (bring ID).

OR MAIL (at your own risk to be received by March deadline) DCCPTA – Awards Chair
P.O. Box 5397, Jacksonville, FL 32247-5397

Description of Project: (attach description on one (1) additional page, you may use both sides)

PTA President's Name (print): _____

PTA President's Signature: _____

Principal's Name (print): _____

Principal's Signature: _____