



Battle of the Belt

School Participation Agreement

School name

Please provide the following information (please print)

Contact Person and position

School mailing address

Phone

Fax

e-mail address

My school will participate in the:

_____ Seat Belt Check/Education Campaign

_____ Video Contest

Principal's name (please print)

Principal's signature

Date

October 10, 2008 is the last date to begin your portion of the Battle of the Belt program (to be within the six-week time frame). Please return your signed form to your Regional Contact no later than October 10.

Southeast District: FAX your signed form to Belinda McMurry, 573-472-5351

Or mail your signed copy to:

Belinda McMurry, Southeast Regional Battle of the Belt Coordinator

Missouri Department of Transportation, P.O. Box 160, Sikeston, MO 63801