

Community Friend Enrollment Form

(Please complete all fields)

1. The Basics

Organization: _____
Street Address: _____
City, Zip: _____
Website: _____
Telephone Number: _____
Fax number: _____



2. Contacts

SRTS Champion

Name: _____ Title/role: _____ Email address: _____

Second SRTS Champion

Name: _____ Title/role: _____ Email address: _____

3. What is your Organization's Mission? (How does your organization's goals and objectives relate to Safe Routes to School?)

4. What kind of support can you offer to a school's Safe Routes to School Program? (Team member on SRTS team, tangible resources, support during events, SRTS-related activities or lessons, etc.)

5. What events would you like to assist with? (SC Walk to School Day, International Walk to School Day, National Bike to School Day, etc.)

6. Signatures *(Please complete both signatures)*

SRTS Champion

Second SRTS Champion

Name Date

Name Date

Please return to your School Outreach Coordinator. You can also send to info@scsaferoutes.org or fax to 864.234.3069