



FLORIDA SADD
Chapter Registration/Renewal Form

ADVISOR: _____

NEW ADVISOR? YES/NO _____

SCHOOL NAME: _____ COUNTY: _____

PRINCIPAL: _____

ADDRESS: _____
STREET CITY ZIP CODE

PHONE #: (_____) _____ FAX #: (_____) _____

MIDDLE, HIGH, OR OTHER SCHOOL? _____

URBAN, SUBURBAN, OR RURAL SCHOOL? _____

E-MAIL ADDRESS: _____

SCHOOL ENROLLMENT: _____ # OF SADD MEMBERS: _____

By completing this Registration/Renewal form, I certify that any campaign materials and other resources provided by FLORIDA SADD will be distributed to students for traffic safety events/activities at my school & community.

Mail form to:

TALLAHASSEE COMMUNITYCOLLEGE
444 APPELYARD DR.
TALLAHASSEE, FL 32304-2895
FAX: 850-414-1968

OFFICE USE ONLY

_____ Data Entered

DATE RECEIVED _____

_____ Added to E-mail List

_____ Sent to National

_____ Starter Kit Sent (if applicable)