



FLORIDA SADD

Chapter Registration/Renewal Form

DATE: \_\_\_\_\_

ADVISOR: \_\_\_\_\_

SCHOOL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

STREET CITY ZIP CODE

COUNTY: \_\_\_\_\_ NEW ADVISOR? YES/NO \_\_\_\_\_

MIDDLE, HIGH, OR OTHER SCHOOL? \_\_\_\_\_

Main E-MAIL ADDRESS: \_\_\_\_\_

Alternate E-MAIL ADDRESS: \_\_\_\_\_

PRINCIPAL: \_\_\_\_\_

PRINCIPAL E-MAIL ADDRESS: \_\_\_\_\_

PHONE #: (\_\_\_\_\_) \_\_\_\_\_ EXTENSION: \_\_\_\_\_

FAX #: (\_\_\_\_\_) \_\_\_\_\_

SCHOOL ENROLLMENT: \_\_\_\_\_ # OF SADD MEMBERS: \_\_\_\_\_

SCHOOL WEBSITE ADDRESS: \_\_\_\_\_

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.

If there is more than one SADD Advisor for this group, please complete the contact information section for each advisor on separate forms.

Mail form to:

Danielle Branciforte  
State Coordinator, FL SADD  
Florida Public Safety Institute  
75 College Drive, DT 111  
Havana, FL 32333