



School Information Sheet

School Name _____

Physical Address _____

Mailing Address _____

City _____ State _____ Zip _____

Principal's Name _____

Phone Number _____ Fax _____

Principal's Email _____

Advisor's Name _____

Advisor's Phone _____ Fax _____

Advisor's Email _____

Student Leadership/Coordinating Group _____

Please list names of students who will be participating as a part of the Leadership Team

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If you need more space for names please use the back of this sheet.
Please return the completed sheet to Amy Kosar, Lowcountry Food Bank.

