



Agreement

Date: _			
School/ C	rganization:		
Position (teacher/parent/PC	NC/):	
(name of	ing the Leadership game):amily sessions by	, I com	nmit to hosting one
Leadershi	nable to host the fa p Training Kit and 	_	
Signature	;	D	ate:
	c completed form to information contact Janice Harvey <u>jharve</u> Christine Copes <u>ccop</u>	ct: e <u>y@gemini.edu</u>	