

MARCH FOR LIFE 2024 - SCHOOL GROUP LISTING FORM



School Name: _____
School Address: _____
School Phone: _____
School Fax: _____
School E-mail: _____

March for Life Coordinator Name: _____

Relationship to students: _____

Cell Phone: _____ E-mail: _____
(PLEASE PROVIDE THIS NUMBER TO THOSE TRAVELING WITH YOU)

CHAPERONES:

RELATIONSHIP TO STUDENTS:

CELL PHONE #:

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

STUDENTS ATTENDING (PLEASE PRINT):

Name:

Grade:

1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____
13. _____	_____
14. _____	_____

PLEASE ATTACH ADDITIONAL PAGE IF NEEDED