



REGISTRATION FORM

Yes! My school will implement a 2M2L Club in my community.

Public School Private School Other

School Name: _____

School Mailing Address : _____

City: _____ State: _____ Zip: _____ County: _____

School Phone Number: _____ Fax Number: _____

Principal's Name: _____ Email: _____

Counselor's Name: _____ Email: _____

Sponsor's Name: _____ Title: _____

Sponsor Email: _____ Sponsor's Phone: _____

Co-Sponsor's Name: _____ Title: _____

Student Leader: _____ Email: _____

Student Leader: _____ Email: _____

of students in your school: _____ # of students to become members: _____

List 3 possible dates and times for your 2M2L Club Kick-Off:

	Date	Time
1st choice		
2nd choice		
3rd choice		

Signatures:

Principal/Asst. Principal: _____ Date: _____

Sponsor Signature: _____ Date: _____

Student Leader Signature: _____ Date: _____

Student Leader Signature: _____ Date: _____