



***WI School Health Award***  
**REGISTRATION FORM**  
**Due 6/1/16**

Program Contact Name: \_\_\_\_\_

School District: \_\_\_\_\_

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

City and Zip Code: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact E-mail: \_\_\_\_\_

Previous WI School Health Award Winner Yes \_\_\_\_\_ No \_\_\_\_\_

To learn about helpful resources, contact Eileen Hare at (608) 267-9234 or [eileen.hare@dpi.wi.gov](mailto:eileen.hare@dpi.wi.gov).

**Please send this form to:** Elizabeth Pease

**Mail to:**  
Elizabeth Pease  
Student Services/Prevention and Wellness  
Wisconsin Department of Public Instruction  
P O Box 7841  
Madison, WI 53707-7841

**Or Fax to:** Elizabeth Pease (608) 266-3643

**Or Email to:** [elizabeth.pease@dpi.wi.gov](mailto:elizabeth.pease@dpi.wi.gov)