

FLORIDA DEPARTMENT OF EDUCATION

*FITNESS, FUN, FOREVER:
GAMES AND FITNESS ACTIVITIES FOR ANYTIME*

PARTICIPANT REGISTRATION FORM

PLEASE MARK DESIRED LOCATION:

October 6, 02 – Tallahassee November 2, 02 – Miami November 23, 02 – Orlando

FIRST
NAME:

LAST
NAME:

JOB TITLE:

EMPLOYER:

WORK ADDRESS:
(city, state, zip)

PHONE:

FAX:

EMAIL:

PLEASE LET US KNOW IF YOU REQUIRE ANY SPECIAL ACCOMMODATIONS AT THE MEETING:

PLEASE RETURN BY SEPTEMBER 16, 2002 TO:

DEPARTMENT OF EDUCATION
COORDINATED SCHOOL HEALTH PROGRAM
325 W. GAINES STREET ♦ SUITE 501
TALLAHASSEE, FL 32399-0400

ATTN: DEBRA BETTON

OR

FAX: (850) 488-9840 / SUNCOM FAX: 278-9840