

L.E.A.D. NEW JERSEY WORKBOOK ORDER FORM 2017-2018

Please mail / fax to:

L.E.A.D. 5 South Main Street Allentown, NJ 08501 Fax (609)228-6649

Agency:			
Address:			
City:	State:	Zip:	County:
Phone:	Fax:	Dept. Email	Municipal Code (ORI):
Person completing form:		E-Mail Address:	

Please complete all sections with accurate information for your 2017 – 2018 NJ L.E.A.D. Program.
Indicate the **exact number of workbooks** in the appropriate column(s) and circle the **grade(s)** in which the program will be taught.

Program Start Date Month / Day / Year	School Name , Town & Principal	TGF D			TGF D		TGF D– H.S. Workbks.			
		K-4 th	5 th	6 TH	7 TH	8 TH	9 th	10 th	11 th	12 th
/ /										
/ /										
/ /										
/ /										
/ /										
Number of workbooks needed										

★ **Workbooks MUST be picked up by your agency on the scheduled dates** ★

**Please check which day you will pick up your workbooks (11am – 3pm only). Lunch will be provided.
Be sure to allow time to stay and enjoy lunch with Educators and Police Officers from around the state.**

- Wednesday, August 2, 2017
 Wednesday, August 9, 2017

Your cooperation is always appreciated.