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

Partner Members and Contact Information:

|  |  |
| --- | --- |
| **Name** | **Email** |
|  |  |
|  |  |
|  |  |
|  |  |

Please add more names and contact information on the back.

Throughout the 2017-2018 school year, we commit to the following actions:

|  |  |  |
| --- | --- | --- |
| **Action** | **Responsible Party** | **Timeline** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Please leave the form on the table for it to be collected. A copy will be emailed to all participants once it is recorded.