

## TEAM ROSTER AND ENTRY FORM

### Partnership for a Drug-Free New Jersey Middle School Public Service Announcement Challenge

<b>School Name</b>			
<b>School Address</b>			
<b>Educator's Name</b>			
<b>Educator's Email</b>			
<b>Educator's Phone Number</b>		<b>Grade Level</b>	

#### Team Member Names (please print)


**Please include this form with your script.  
Thank you!**



**PARTNERSHIP FOR A DRUG-FREE NEW JERSEY**  
IN COOPERATION WITH THE GOVERNOR'S COUNCIL ON ALCOHOLISM & DRUG ABUSE

