



# DIMES FOR DOWN SYNDROME SCHOOL REGISTRATION FORM

**YES!** Our school would like join other schools in Southern Nevada and sign up for the Dimes for Down Syndrome community service project.

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

Contact Person: \_\_\_\_\_

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

City, State,  
Zip: \_\_\_\_\_

School Phone w/  
Ext.: \_\_\_\_\_

Alternate  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred Method of Contact: \_\_\_\_\_ School Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_ Email

Best Days and Times to Contact: \_\_\_\_\_

We will be conducting our campaign during the following dates: (suggested 2-week period)

- Please provide dates: \_\_\_\_\_

\_\_\_\_\_ Total number of students    \_\_\_\_\_ Total number of classrooms

**With our thanks, we look forward to your participation.**

Mail to: Down Syndrome Organization of Southern Nevada  
5300 Vegas Drive, Las Vegas, NV 89108-2347 or fax this form to 702-648-2020  
If you should have any questions, please feel free to call 702-648-1990 or email at [dcline@dsosn.org](mailto:dcline@dsosn.org)