



100% Participation Pledge

To be completed by principal/superintendent of school/district.

District/School Information

District/School name: _____

Contact/Title: _____

Phone number: _____

E-mail address: _____

Number of schools within district: ____ or Grade levels within school: ____

Please read and initial boxes:

I pledge to bring every classroom in my school/district to one educational performance.

I understand that this requirement must be fulfilled for my school/district to receive the benefits of a 100% school.

Signature

Date

Title

**Thank you for your participation in
Walton Arts Center's Colgate Classroom Series!**
Need help or additional information? Call (479) 571-2743
or e-mail mbarker@waltonartscenter.org

Please send completed form to: Walton Arts Center
ATTN: Schools Services Specialist
PO Box 3547
Fayetteville, AR 72701
OR Fax to (479)443-9024