

R U Down 4 Change?™



Application and Agreement for the Down for Change™ Program

School Name: _____

Club Name: _____

Club Advisor's Name: _____ Ph. #: _____

Club "D4C" Team Leader: _____ Ph. # _____

Club Meeting Dates & Times: _____

Club Meeting Location: _____

Print names of participating students: _____

Please photocopy for yourself and send the original to MHDSA.

- Our club agrees to uphold the Down for Change™ Guidelines and work openly and honestly with Mile High Down Syndrome Association (MHDSA).
- Our club agrees to become familiar with the information provided by MHDSA so we may speak to others about Down syndrome in an informed manner.
- Our club agrees to have **a blast** with this program and enjoy a “win-win” for our club and for people with Down syndrome!

Signature of Club Advisor

Date

Signature of our Club's "D4C" Team Leader

Date

Sign, Copy for Your Records, and Mail Original to:

Ms. Laura Driscoll, Down for Change Program
 Mile High Down Syndrome Association
 2121 S. Oneida Street
 Suite 600
 Denver, CO 80224

Please photocopy for yourself and send the original to MHDSA.