**2010 Pedestrian Safety Stencil Project**

**Participation Form**

**To authorize the painting of the "Pedestrian Safety Stencil" on your organization's pavement or driveway you are required to fill out the following information:**

Please Print Organization Name, Address and Contact Information:

Name:_____

Address:_____

Contact:_____

Phone #:_____

Email:_____

Date to be painted:_____

Authorizing Signature_____

*By signing this form you are certifying that you have received the proper authorization of your organization to allow this stencil to be painted on your property at no risk to the Delaware Office of Highway Safety, the University of Delaware Cooperation Extension office and any volunteers involved in the project.*

Printed Name:_____

Printed Title:_____

Date Signed:_____

*"No person in the State of Delaware shall, on the grounds of race, color, national origin, age or sex, be excluded from participation in, be denied the benefits of or be subjected to discrimination under any program or activity conducted by the Delaware Cooperative Extension Service"*

*Contact Information:* *Merritt Burke, Community Traffic Safety Program Coordinator*
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