



2020 Seat Belt Challenge Registration Form

School Name: _____

Street Address: _____

Town/City: _____ State: NH Zip code: _____

Number of students attending (no more than 5): _____

Contact Person Name: _____

Phone Number: _____

Email: _____

Please fill out this form by **March 13th, 2020** and email it to April Simonds at April.T.Simonds@hitchcock.org or fax it to the Injury Prevention Center at 603-308-2255.

If you have any questions feel free to email April or Coordinator Chelsie Mostone at Chelsie.L.Mostone@hitchcock.org.

INJURY PREVENTION CENTER

