

EAFK SCHOOL AGREEMENT and RESPONSIBILITIES

School Name:	Date:
Address:	City/State/Zip:
Contact Name:	Phone #
Contact Emergency Cell#Conta	act Email address:
Invoice recipient (if different from contact name):	
Phone #:Emergency Cell#:	Email:
Rotary Sponsor:	Rotary Sponsor Phone #:
Rotarian Emergency Cell #:	Rotarian Email:
as all event scheduling	guidelines by initialing each one. eremonies and knight visits. hem informed and involved with the program, as well t daily in each class for a minimum of ten minutes. eks before they are needed.
 5. Provide us with a brief report card, which we will card card card card card card card card	ll provide, after each award ceremony. em arises with the EAFK program. levelop an EAFK student service club on campus. hematic campus decorations, posters, banners,
10. Conduct EAFK on campus according to our gu downloadable at www.eafk.org.	cause replacement dates may not be available and are
It is our goal that each school and sponsor receive FirstKnight (EAFK) program. Our Client Services staff have a question or problem. Thank you for your participation of the problem of t	is always available by email or phone year-round if you
Knights of the Guild amber.parr@me.com 210-216-2217	School Liaison

saskia.herbst.tx@gmail.com 210-649-9540