

Winston-Salem/Forsyth County Schools

**PARTNERSHIP IN EDUCATION
REGISTRATION FORM**

Date _____

School _____ **Principal** _____

(If other than Principal)

School Partnership Contact Person _____

Name of Partner _____

Partner Contact Person _____

Title _____

Address _____

City _____ **ST.** _____ **Zip** _____

Phone _____ **Fax** _____

E-mail _____

Focus of Partnership _____

Planned Activities _____

Return to: Rodessa Mitchell
Winston-Salem Chamber of Commerce
P.O. Box 1408 * Winston-Salem, NC 27102
Phone: 728-9222 Fax: 721-2209 Mitchell@winstonsalem.com
or send through school mail