



SCHOOL PARTICIPATION FORM

Return this page with your student poll worker forms.

Faxing this form will let us know if your school will participate in this election and eliminate the need for us to call.

High School Name: _____
Address: _____
City: _____ Zip: _____

Teacher: Name: _____
Contact Number: _____
Fax Number: _____
E-mail Address: _____

Will your high school participate in this election? Yes No

RETURN TO:	Rose Mohamad San Joaquin County Registrar of Voters Student Poll Worker Program Coordinator PO Box 810 Stockton CA 95201 209-468-2894 OR FAX TO: 209-468-9534
DEADLINE:	SEPTEMBER 3, 2010