



The JIMMY FUND SCOOPER SCHOOLS Program!

School Name:		Grade Level(s): _ **(May not be applicable)	
Primary Contact Information			
Name and Title			
Address			
City	State		Zip
Phone	Email		
Have you participated in the program in t	the past? Yes	No	
If 'Yes', how many years including this yea	ar?		
Were you referred by another Scooper S	chool? Yes	No	
Who?	<u> </u>		
Date/Time of Fundraiser:			
Plassa provide a brief description of your	· fundraisor·		

ANTICIPATED FUNDRAISING GOAL: \$_____

Thank you for your support! We hope to see you at the **Jimmy Fund Scooper Bowl!**

Please fax or e-mail the completed form to: 617-582-8403 Elizabeth Seaburg@dfci.harvard.edu

> Or send via mail to: The Jimmy Fund Attn: Lizzie Seaburg 10 Brookline Place West, 6th Floor Brookline, MA 02445