



PROJECT HERO PROGRAM BOOKING FORM

We are currently scheduling for the 2012 and 2013 school years

Thank you for your interest in Project Hero!

Please review the form and fill it out as completely as possible before submitting to: info@ID-ologies.com

Once we receive your completed form, we will contact you to confirm your requested dates and begin the contract, sponsorship and the coordination/coaching processes.

REQUESTOR INFORMATION:

Name: _____

Day Phone Number: _____

Evening Phone: _____

Mobile Phone: _____

E-mail Address: _____

Best days/times/method to contact me: _____

My Role/Relationship to School or Organization: _____

SCHOOL INFORMATION:

This is the school or organization whose students/employees will attend Project Hero. This school/organization will be listed on the contract.

School/organization Name (Please enter name exactly as it should read on the contract)

.

Address: _____

City: _____ State: _____ Postcode: _____



DATES REQUESTED

Number of days requested: _____

School year requested: _____

Please see our price list if you are a school or organization that requires travel by air or are more than a **1-hour** drive from Sydney, Australia, San Diego, Orange County or Los Angeles, California. Minimal expense fees do apply in these situations.

We are now scheduling for the **2012 and 2013 school years.**

Requested Program Day Date(s) - enter a starting date in each field for 1st, 2nd, and 3rd choices:

Choice 1: Preferred Start Date: _____

Choice 2: Preferred Start Date: _____

Choice 3: Preferred Start Date: _____

COORDINATOR INFORMATION:

This is the person identified by the school or organization as the primary contact person. This person must be a member of the school and will be working directly with our team to organize the event. The coordinator must be present for the duration of the Project Hero program.

Coordinator Name: _____

Mobile Phone: _____

E-mail Address: _____

Best days/times/method to contact me: _____

Best days/times/method to contact the coordinator



COUNSELOR INFORMATION

We require that a counselor or licensed mental health professional, employed by the school, be present for the entire Project Hero program. This person must also be available to ensure follow-up services if needed.

Counselor Name: _____

Mobile Phone: _____

E-mail Address: _____

Best days/times/method to contact me: _____

My Role/Relationship to School or Organization: _____

SCHOOL PRINCIPAL/HEADMASTER/DIRECTOR

Name: _____

Mobile Phone: _____

E-mail Address: _____

Best days/times/method to contact me: _____

My Role/Relationship to School or Organization: _____

EVENT FUNDER & REPRESENTATIVE

This is the organization that will be paying for the program. Typically this will be the school hosting the event. This organization will be listed as the Client on the contract. If an organization, other than the school, has gifted a program and would like to be listed on the contract as client please note this below.

Funder Organization Name: _____

Funder Representative Name: _____

(this is the person authorized to approve the invoice and sign the contract).

Mobile Phone: _____

E-mail Address: _____

Best days/times/method to contact me: _____



CONTRACT AND INVOICE

This is the address where the contract and invoice will be mailed.

Address: _____

City: _____ State: _____ Postcode: _____

Country: Australia _____ United States _____ Attention: _____

Special Notes about contract and/or invoice

FUNDRAISING REPRESENTATIVE

Project Hero teams with your school or organization to assist you in raising the necessary funds to bring this revolutionary program to your school community. We feel so strongly in the value of this program that we will assist you in identifying sponsors and guarantee that we will help you to raise 50% of the program fee or you pay only 50% of the program cost. Please indicate the person that will be our primary contact working on raising sponsors:

Fundraising Representative Name: _____

Mobile Phone: _____

E-mail Address: _____

Best days/times/method to contact me: _____

My Role/Relationship to School or Organization: _____

ADDITIONAL INFORMATION ABOUT YOUR SCHOOL/ORGANIZATION

Please fill out this section as thoroughly as possible. Your information helps us create the best program possible for your school or your organization.



Is your School/Organization public or private: _____

Type of School/Organization:

Youth Services, Vocational, Religious, Community, Court, etc.

Total approximate number of students who attend your school: _____

Do you currently have a written bully prevention policy: _____

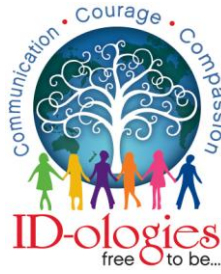
Do you currently have a written cyber-bully prevention policy: _____

Would you like our harassment prevention expert to provide you with a customized policy for your review: _____

What type of prevention program have you presented in your school/organization within the past 12 months (please list):

CURRENT CHALLENGES

This is where you let us know the specific issues and challenges that your school community is currently dealing with. What is the social climate like? Have there been any traumatic or tragic events? How do you see your school? The more we know, the better we can serve you through our innovative program.



What is the local community like? How do the community issues feed into the school issues?

GOALS AND OBJECTIVES:

When looking at the big picture, where does Project Hero fit in? What are your overall goals for the day? What are your goals for the future of your school community? Do you have a specific desired outcome? If so, please explain:

Are you willing to begin each new school year with the distribution of your bully and cyber-bully prevention plan? _____