

# GEAR UP School Team Designation Form

*Please complete the following and return with your signed MOU.*

**SCHOOL NAME:** \_\_\_\_\_ **District:** \_\_\_\_\_

**School Mailing Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Website Address:** \_\_\_\_\_

**Principal:** \_\_\_\_\_ **Principal Email:** \_\_\_\_\_

## *Site Coordinator*

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## *School Team Members*

Name: \_\_\_\_\_

Title/Role: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Title/Role: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Title/Role: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

*School Team Members (Continued)*

**SCHOOL NAME:** \_\_\_\_\_

**District:** \_\_\_\_\_

Name: \_\_\_\_\_

Title/Role: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Title/Role: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Title/Role: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Title/Role: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Title/Role: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_