



Registration and Contact Verification Form Operation Smile Student Programs

Please provide the following information in order for us to register your Student Club and/or to update our records to keep you more efficiently informed of Student Programs events and offerings.

Name of school/organization: _____

Address of school/organization: _____

Phone number of school/organization: _____

Grade levels: _____ What year did you start your Student Club: _____

Name of Student Club Advisor: _____

Phone number: _____ Email: _____

The best way to contact you is by: _____ E-mail
_____ Regular Mail
_____ Telephone

Name of Student Club President: _____

Phone number: _____ Email: _____

The best way to contact you is by: _____ E-mail
_____ Regular Mail
_____ Telephone

Please list some of your past fundraisers and any creative ideas you may have:

What are your goals for this year? _____

Suggestions or comments: _____

Mail the completed form to:

Operation Smile
Student Programs/CV
6435 Tidewater Drive
Norfolk, VA 23509

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