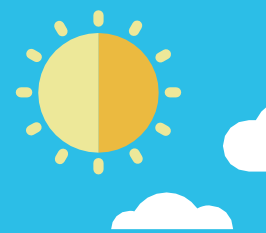


2019-2020 Cal Water H₂O Challenge Cover Sheet

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School Name: _____

District: _____ County: _____

School Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Teacher's Name: _____ Best Time to Call: _____

Teacher's e-mail: _____ Class Grade Level: _____

Number of Students in Class: _____ Last Day of School _____

Principal's Name: _____ Spring Break Dates: _____

Did you reach out to your entire school? Yes No

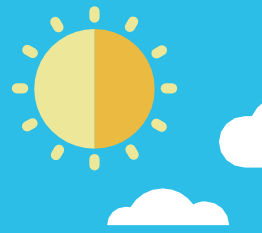
If yes, how many students attend your school? _____ If no, how many students did you reach? _____

Number of Community members reached by the Cal Water H₂O Challenge: _____

Cal Water H₂O Challenge Title: _____

Cal Water H₂O Challenge Summary:

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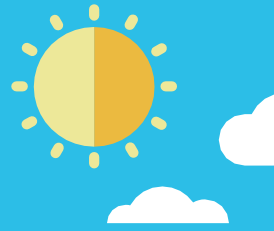


Project Goal(s):

Explain the significance, impact, or benefit of your Cal Water H₂O Challenge:

Unique school characteristics:

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Please list your class roster below with t-shirt sizes for yourself and each student

