

**Instructions for Confirming Team Attendance**  
**Maine Best Practice Awareness in Bullying and Harassment Prevention**

1. E-mail Training Agreement with Team Names and all e-mail addresses listed in each category to [Lauren.Sterling@maine.gov](mailto:Lauren.Sterling@maine.gov) by September 15th. Teams will be accepted on a first-come-first-serve basis until 30 teams are confirmed.

2. Mail Hard Copy Full Application WITH Signed Agreement to:  
Lauren Sterling  
C/O 21<sup>st</sup> CCLC Best Practice Training  
170 SHS Ceta Building  
Augusta, ME 04333-0170  
FAX: 287-7233

**Training Agreement**

As Superintendent of Schools for (Name of SAU) \_\_\_\_\_, I,

(Print Superintendent Name) \_\_\_\_\_, agree to send a team of four school staff, who will be responsible for bringing back to our SAU, a plan for implementation and evaluation of the Maine's Best Practices in Bullying and Harassment Prevention Model starting in September 2007.

Superintendent Signature

\_\_\_\_\_

Date \_\_\_\_\_

**Training Team Members**

**School Principal** (Print Name) \_\_\_\_\_

Name of School \_\_\_\_\_

E-Mail: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Elementary or Middle School Teacher** (Print Name) \_\_\_\_\_

Name of School \_\_\_\_\_

E-mail: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Coord. School Health Staff or Health Teacher** (Print Name) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Signature \_\_\_\_\_  
Date \_\_\_\_\_

School Guidance (Print Name) \_\_\_\_\_

Name of School \_\_\_\_\_

E-Mail: \_\_\_\_\_

Signature \_\_\_\_\_  
Date \_\_\_\_\_