# WatchDOGS Registration Form for

## Colt Elementary

Name: _____

Email:_____
**(ONLY used to communicate WATCH D.O.G.S.® updates)**

Address: _____ City: _____

Zip: _____ Home Phone: _____

Mobile Phone: _____ Work Phone: _____

Place of Employment: _____

Do they offer paid Community Service hours? **Yes** or **No**

Would your employer consider being a funding partner for the school or the WATCH D.O.G.S.® Program? **Yes** or **No**

If yes, whom should the coordinator contact? _____

Student's Name(s):

_____ _____

Homeroom Teacher(s):

_____ _____

_____ _____
(Signature) (Date)

**Please return this form to one of the following locations:**

1. Scan and email to ***ColtWatchDog@yahoo.com***
2. Fax to ***830-693-7092***
3. Mail to ***2200 Manzano Mile, Marble Falls, TX 78654***
4. Drop the form off at the office or with your student's teacher.
5. If you have questions, please contact ***Mark Magee at 713-898-7323***