

PROJECT IDEA SWAP

CAS and the State Leadership Board would like to acknowledge the creativity individual schools around the state possess. Please take time to complete this form with information about a favorite project. These project idea forms will be published and circulated to each school.

PROJECT CATEGORY
(please check any that are appropriate)

<input type="checkbox"/> Team/Group Bonding	<input type="checkbox"/> Community Service	<input type="checkbox"/> Fundraiser
<input type="checkbox"/> Spirit Booster	<input type="checkbox"/> Special Event	<input type="checkbox"/> Leadership Development
<input type="checkbox"/> Personal Awareness	<input type="checkbox"/> Sportsmanship	<input type="checkbox"/> Intergenerational

In 250 words or less, please describe your project in a manner that would allow other schools to duplicate it. Please include the adviser information indicated.

School Name: _____ Adviser Name: _____

Phone: _____ Email: _____

***Fax to CAS (203) 250-1345 attn: Joann McCoy
NO LATER than Monday, March 28th.***