

Litter Free School Zone Report Form

Name of School: _____

Address: _____

Contact Person at School: _____

Telephone: _____ Email: _____

Date of Clean Up: _____

How many bags of litter were collected? _____

How many participated in cleanups? # of students _____ # of teachers _____ # of others _____

Have you promoted any events at your school as litter-free events?

Any other observations?