



IPA/USA RECESS ADVOCATE APPLICATION

Training provided – no experience necessary!

Please complete this form, print it out, sign it, and mail it to the address listed below

Name _____

Occupation _____

If group member, name of person to receive correspondence _____

Work Phone # _____ Home Phone # _____

Address _____

City _____ State _____ Zipcode _____ Country _____

Email _____ Date of Application _____

Area(s) of Interest _____

Signature _____

Please mail your completed application to:

Parent Liaison:

Rebecca Lamphere
648 Paloma Drive
Boulder City, NV 89005

If you have questions, contact Rebecca Lamphere at:

(702) 265-3545

E-mail: MoonLtSun@msn.com