COMCAST/PARTNERSHIP FOR A DRUG FREE AMERICA/COURT TV
TOWN HALL MEETING
FANUEIL HALL, BOSTON
FEBRUARY 1, 2005

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School: _____

Group/Club Name: _____

Advisor: _____

Telephone Number: _____

Email: _____

In the space provided below, briefly describe the mission of your group as well as some of the activities that you promote and/or sponsor:

Our school would like to: _____ **Participate in the event**

_____ **Attend, but not participate in the event**

Number of attendees: _____ **Adults**

_____ **Students**

UPON COMPLETION, PLEASE FAX THIS FORM TO THE MIAA OFFICE AT 508-541-9888