

FAX COVER FORM
FOR YOUR PARENTS
FREE NUTRITION AND HEALTH WORKSHOPS

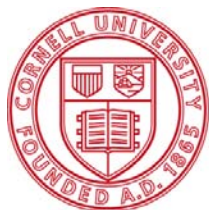
Dear Parent Coordinator _____
(or Family Assistant _____)

Our Nutrition and Health Community Educators are looking forward to working with your parents again this school year.

If you are interested in requesting a free nutrition and health workshop series (8 sessions once a week for 8 weeks), please fill out the Nutrition and Health Workshop Request Form accompanying this fax. We will contact you shortly after receiving your form to let you know if we can schedule your group.

Fax completed request form to: _____

Attention: _____



Cornell University
Cooperative Extension
New York City