



**Network for a Healthy California—Children’s Power Play! Campaign  
ORANGE COUNTY REGION**



**Community Youth Organization**

# Registration & Order Form

Congratulations on becoming a champion for change by partnering with the *Children’s Power Play! Campaign*. To get started, simply complete and return this form to your *Power Play! Coordinator* to receive your *Community Youth Organization Idea & Resource Kit* and other materials.

Contact Name/Title: \_\_\_\_\_  
 Organization Name: \_\_\_\_\_  
 Site Name: \_\_\_\_\_  
 Site Address: \_\_\_\_\_  
 City/Zip: \_\_\_\_\_ County: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

The best way to reach me is:  Mail  E-mail  Phone  Fax

# of participating 9 to 11 year olds: \_\_\_\_\_

<b>Children’s Power Play! Campaign Resources</b>		
<input type="checkbox"/>	<b>Youth Leader Pack</b>	Includes 1 <i>Community Youth Organization Idea &amp; Resource Kit</i> , 1 poster, 1 English-Language Parent Brochure and 1 Spanish-Language Parent Brochure. If you still have your <i>Community Youth Organization Idea &amp; Resource Kit</i> (© 2005 or later), please order parent brochures only.
_____ packs of 35	<b>English-Language Parent Brochures</b>	This full-color brochure is designed to give parents of elementary age children ideas for helping their kids eat more fruits and vegetables and be more active. The brochure is available in packs of 35.
_____ packs of 35	<b>Spanish-Language Parent Brochures</b>	A Spanish-language version of the parent brochure. The brochure is available in packs of 35.

**I want to be a champion for change in my youth organization! I commit to completing the *Children’s Power Play! Campaign Community Youth Organization Idea and Resource Kit* with my students and to returning my Participation Report to my *Children’s Power Play! Campaign Coordinator*.**

**Please return order form to:**  
**ERIKA GONZALEZ**  
*Children’s Power Play! Campaign Representative*  
*Network for a Healthy California—*  
*Orange County Region*  
 Community Action Partnership of Orange County  
 11870 Monarch St.  
 Garden Grove, Ca 92841  
 Ph: (714) 899-3684, Ext. 5312  
 Fax: (714) 899-3824  
 E-mail: [egonzalez@capoc.org](mailto:egonzalez@capoc.org)

\_\_\_\_\_  
**Signature** \_\_\_\_\_ **Date**



For food stamp information, call 877-847-3663. Funded by the USDA Supplemental Nutrition Assistance Program, an equal opportunity provider and employer.