BCBSOK/OSU OrganWise Guys School Tracking Form
2012-2013 School Year

STATE:
ORGANIZATION:
DATE MATERIALS NEEDED BY:

☐ **NEW School for 2012-2013** ☐ **RETURNING School (Activity Books & Wisercise Calendars ONLY)**

County:	Agent Name:
Phone:	Fax:
Email:	
Address for **SHIPPING** Materials (Include Contact Name—No PO Boxes please)	
Organization:	Contact:
Address 1:	Address 2 (Ste, Rm #):
City, State, Zip:	

School:	County:
School Address:	City, State, Zip:
Principal:	Phone:
School Contact:	Phone:
Email:	Fax:
Staff Meetings Day of Week:	Time of Day:

Fill in number of CLASSROOMS participating PER GRADE LEVEL (*FOR WISERCISE/CALENDAR DISTRIBUTION*)													
PreK		**K**		**1st**		**2nd**		**3rd**		**4th**		**5th**	
Fill in number of STUDENTS participating PER GRADE LEVEL (*FOR ACTIVITY BOOK DISTRIBUTION*)													
PreK		**K**		**1st**		**2nd**		**3rd**		**4th**		**5th**	

Select Ethnicity for OrganWise GAL Doll*:
- ☐ African American
- ☐ Caucasian
- ☐ Hispanic

Select Ethnicity for OrganWise GUY Doll*:
- ☐ African American
- ☐ Caucasian
- ☐ Hispanic

* NEW SCHOOLS ONLY

School Assembly Scheduled: ☐**YES** ☐**NO**	Confirmed With:
Date:	Time:
Teacher Training Scheduled: ☐**YES** ☐**NO**	Confirmed With:
Date:	Time:

Completed Calendar Received (# Received))--*OPTIONAL*										
Aug	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**June**

Fax or Email this form to:
Attn: Debra Garrard
debra.greene_garrard@okstate.edu
405.744.9942 (phone) 405.744.1461 (fax)
Billie Johnson billie.johnson@okstate.edu
Phone: 405-744-9929

For Internal Use:
Invoice # Ship Date:
FOM # Materials Received:

THE ORGANWISE GUYS®

BlueCross BlueShield of Oklahoma
Experience. Wellness. Everywhere.™

Oklahoma State University Extension