Breathe with Ease PSA Challenge

Team Information Form

**(ONE form per team must be completed by the designated team contact person. The contact person will be responsible for communicating any changes to Asthma 411 and will be responsible for submission entry. This person must also be available to communicate with Asthma 411 if needed.)**

School Name/Organization:

Check Category:

* Vaping/e-cigarettes
* Asthma and athletics/physical activity
* Poor living conditions/secondhand smoke
* Life with Asthma

Team Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Number of Team Members: \_\_\_\_\_\_\_\_\_\_\_ (Up to 5 members per team, including yourself)

Name of Team Contact Person: (First and Last Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please List ALL Team Members (First and Last Name, including yourself):

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