



IDAHO FEDERATION OF  
*Families*  
FOR CHILDREN'S MENTAL HEALTH

# Idaho Federation of Families

## REGISTER YOUR CAMPAIGN

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. or Suite #: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

## CAMPAIGN TYPE

### Campaign Type:

- Walkout Stigma
- Create Your Own
- Children's Mental Health Awareness Day

### Notes/Description:

### Campaign Name:

### Number of Participants Expected:

## RESOURCES

I found what I need from campaign resources

I need additional resources

### Description: