



Sharakah Contact Information Form

Academic Year 2016-2017

School Name: _____ City: _____
Tel: _____ School Website: _____

Principal's Name: _____
Office Tel: _____ Mobile: _____
Email: _____

Sharakah Program Coordinator: _____
Office Tel: _____ Mobile: _____
Email: _____

High School (10, 11 & 12) Counselor: _____
Office Tel: _____ Mobile: _____
Email: _____

Sharakah Sports Festival Coordinator: _____
Office Tel: _____ Mobile: _____
Fax: _____ Email: _____