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Read Across America (RAA) Plan for _____ School

(Please print or type all information)

School Name: _____

School Address: _____

District: _____ County: _____

Contact Person: _____

Phone: (_____) _____

Who (Describe who is participating in your RAA celebration): _____

What (Briefly describe the activity(ies) planned): _____

When (Give date/time of activity – include those intended to carry the celebration of reading beyond March 2): _____

Where (Give location of each activity): _____
