

Champion of Choices Club **(Making Positive Choices Together!)**

COC Clubs are being formed all over the country to counter bullying, violence, suicide and substance abuse. Champion of Choices wants to continue the positive messages that Marc Mero(#1 School Presenter) delivered to your school in his powerful presentation that has touched the hearts of young people worldwide. It is now up to the students to make a positive difference in their lives.

The COC Club is easy to implement and start with the following guidelines:

- 1) A COC Club can start with just two students.
- 2) Positive Choices Pledge must be signed by all students participating.
- 3) Day, Time & Place chosen to meet(On or off school Premises).

CLUB MEETING FORMAT

- 1) Introduction of club members each time. My name is _____ and I want to make positive choices in my life.
- 2) Read an anonymous letter provided that week from Champion of Choices from a student who is going through adversity.
- 3) Discussion and sharing. You can share or listen.
- 4) Read Marc's Motivational Message and response to the letter.
- 5) A commitment to take action individually or as a group to make a positive difference at School, home or in your community.

For Questions or more information contact Michael Henty at 315-406-0000 or e-mail: michael@thinkpoz.org

POSITIVE CHOICES PLEDGE

I _____pledge to make positive choices in my life. To NEVER Bully or disrespect another person. To come to the aid of anyone who is being bullied or is hurting in anyway by being their friend, encouraging them and giving them hope. To not use alcohol, drugs or any illegal substances. If I am feeling depressed and suicidal I will reach out for help. To set goals and pursue them with a passion. To be a good mentor by thinking and being positive with others.

Signature of Student

Date

Name of Student _____Age ___M/F

Phone: _____

E-mail: _____

T-Shirt Size: AS AM AL XL XXL

Message on Shirt: "DREAM BIG". "NEVER GIVE UP"

E-mail or Fax to: info@championofchoices.org

Fax: 407-567-7887

CLUB REGISTRATION

Name of School or Organization _____

Address _____

Club Advisor _____ Position _____

E-mail _____ PH _____

Club Leaders:

Name _____ PH _____

E-mail _____

Name _____ PH _____

E-Mail _____

* Additional leaders on the back with name and contact information.

I give my permission to start a Champion of Choices Club at our school.

Name of Principal: _____

E-mail _____

Phone _____ Ext. _____

Signature _____

Date: _____

Fax or e-mail to: info@championofchoices.org Fax: 407-567-7887