

OUTSTANDING PROGRAM AWARD APPLICATION FORM

Title of Outstanding Program _____

School _____ Phone _____

Address _____ Town _____ Zip _____

Name of Contact Person _____ H Phone _____

Contact Person Email _____

Contact Person Home Address _____

Name of Principal _____ Phone _____

Name of Superintendent _____

Superintendent Address _____ Town _____ Zip _____

Names of staff members involved in the program: _____ CTAHPERD Member

_____ Yes No

_____ Yes No

_____ Yes No

Please respond to the following:

1. This program is considered part of (circle one)
Health Physical Education Recreation Dance
2. Forward copies of prepared information such as brochure, photographs, newspaper clippings etc.
3. Submit a typed narrative of not more than three pages describing the program criteria with this application.

APPLICATION DEADLINE: JUNE 1

Return this form and all requested information to:
Connie Kapral, CTAHPERD Executive Director
563 Miller Road, South Windsor, CT 06074 or Fax to: (860) 644.9206

Signed _____ Date _____