



CHAMPIONS OF PLAY SCHOOL APPLICATION

SCHOOL NAME _____ SCHOOL DISTRICT _____

Applicant Name _____ Job Title _____ E-mail _____

P.E Instructor Name (if different than applicant) _____ E-mail _____

Total Number of Students in P.E Program _____ Number of Students per P.E Class _____

Annual P.E Budget for School _____

Student Literacy Statistics of Students at the School _____

Assisted Lunch Percentage of Students at the School _____

What Types of Equipment Would be Most Useful? _____

Please list the primary demographics of your school _____

Please list any social media handles of the school or district _____

Additional Comments _____

Please send completed forms to Kaitlyn Jones at kjones@timbers.com

