



# 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 \_\_\_\_\_  
*(% NOT meeting or proficient at grade level)*

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](mailto:kjones@timbers.com)

