



PE School Outreach Request

Requested Days _____ Requested Times _____

Monday _____	Tuesday _____	Wednesday _____	Thursday _____	Friday _____
Start Time: _____	Start Time: _____	Start Time: _____	Start Time: _____	Start Time: _____
End Time: _____	End Time: _____	End Time: _____	End Time: _____	End Time: _____
Length of classes: _____	Length of classes: _____	Length of classes: _____	Length of classes: _____	Length of classes: _____

Number of students per class: _____ Number of Teachers: _____

Age of Students: _____ Any Special Needs? _____

Group /School/ Organization Name: _____

Contact Name #1: _____ Contact Name #2: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Email #1: _____ Contact Email #2: _____

Contact Phone: _____ Contact Fax #: _____

Location for the Ergs to be set up: _____ Cell phone for AM Teacher: _____

Do you have secure overnight storage for the ergs?: _____

NOTES: _____

FOR OFFICE USE ONLY

Approved/Not Approved: _____ Confirmed: _____ Approval Emailed _____

1	1	1	1	1
2	2	2	2	2
3	3	3	3	3