



The Connecticut Association  
for Health, Physical Education,  
Recreation and Dance

## 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 \_\_\_\_\_