



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:*

- This program is considered part of (circle one)  
Health   Physical Education   Recreation   Dance
- Forward copies of prepared information such as brochure, photographs, newspaper clippings etc.
- 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:  
Ed Manfredi, CTAHPERD Executive Director  
PO Box 35 Granby, CT 06035          or          email to [edmanfredi@ctahperd.org](mailto:edmanfredi@ctahperd.org)

Signed \_\_\_\_\_ Date \_\_\_\_\_