



Champions TOGETHER



NOTICE OF INTENT TO PARTICIPATE

Champions Together

Interscholastic Unified Track & Field

2014-2016 School Years

As Principal/Activities Director of the school listed below, I am submitting this written notification of my school's intent to participate in Champions Together.

Date: _____

School Name: _____

Phone: _____

Address: _____

Principal: _____

Email: _____

Activity Director: _____

Email: _____

Anticipated Expenses (Up to \$2,500):

Uniforms: _____

VHSL Student Insurance: _____

Transportation: _____

VHSL Medical Exams: _____

Coach Stipend: _____

R-word Supplies: _____

Coach Education: _____

Other: _____

The first 20 schools that respond will receive up to \$2,500 to launch Champions Together at their school.

Email form to vreinford@specialolympicsva.org or fax to Val Reinford at 804-346-9633. Call 804-726-3036 if you have questions about the Champions Together program.