

TAHPERD TALKS Event Application

Name: Date:

School/Organization:

Address:

City: State: Zip:

Telephone:

Email:

Area (click one): Health Physical Education Recreation Dance
Other _____

Are you a current TAHPERD member?

Signature:

****Please submit a typed narrative of your project request with the following components:**

TAHPERD TALKS EVENT INFORMATION FORM

- 1) Write a brief description stating the core aspects of the proposal. Please include purpose and the plan for the evening to include the date of the event, time and site.
- 2) State the (a) intended audience or (b) communities to be served.
- 3) Budget. Please specify how the funds will be used. (Each award may not exceed \$600)

Send via e-mail to:

Dr. Katherine Pebworth
Lincoln Memorial University

Katherine.Pebworth@lmunet.edu