**Partner Organization Name:**

**Site Name (if different than above):**

**Site Address:**

**City: State: Zip Code:**

**Mailing Address (if different than above):**

**Mailing Address (cont.):**

**Site Administrator/Supervisor/Principal Information**

**Name: Title:**

**Work Phone: Cell Phone:**

**Email: Coach Information**

**Name: Title:**

**Work Phone: Cell Phone:**

**Email:**

**Best Day/Time to Reach Via Phone: Birthdate (month/day):**

**The LifeStar Challenge Information**

**Anticipated Session Start Date: Anticipated Session End Date:**

**Which days will you run The LifeStar Challenge?**

**How long will each session be (in minutes)?**

**How many kids do you anticipate participating in the program?**

**At work, do you have easy access to a computer/tablet/device for downloading the Session Plans and responding to the monthly surveys?**

**Would you like a hard-copy booklet of all of the Session Plans?**

**Additional comments:**