

BlazeDay Request Form

Name of School/Community Group _____

Address _____ City _____ State _____ Zip _____

Total number of boys taking part:

Total number of girls taking part:

Main Contact for BlazeDay: _____ Position in School/ Group: _____

Contact Telephone: _____ Email address: _____

Requested date(s) for BlazeDay

(Include as many options as possible, please note we can only deliver 1 BlazeDay per school/group)

Option 1: _____

Option 2: _____

Option 3: _____

How many sessions will make up your Blazeday? _____ (max 8)

How many students will you have in each session (approximately) _____ (max 80)

Do you have any students with a physical disability? Yes No

What time will the 1st session begin? _____ What time will the last session end? _____

Any additional requests / comments

Requirements – please ensure you can provide the following to host your BlazeDay

- Large gymnasium or open indoor space
- Staff member present for each session
- Designated place to unload sports equipment and park vehicle (with trailer)

Thank you! Please return this form to: **gsharp@blazesports.org** or fax to: **404-270-2039**