



## Council Endorsement Checklist

Please submit this form at least 30 days prior to the event.

**Date:**

**Name of Applicant:**

**Organization:**

**Website (if applicable):**

**Address:**

**City, State:**

**Zip Code:**

**Daytime Phone Number:**

**Please estimate the number of people who will attend your event/activity.**

\_\_\_\_\_

**Date of the Event/Activity:**

\_\_\_\_\_

**Who is the target audience of your event/activity?**

Check all that apply:

- Children
- Adolescents
- Adults
- Lower Socio Economic Group
- Ethnic group
- Other, please explain:

**Which of the following best describes your event/activity?  
(Check all that apply.)**

- Promotes physical activity
- Promotes healthy eating
- Other, please explain:

**Please list other sponsors of your event/activity:**

**In 300 words or less, please describe the event/activity that you would like the Council to endorse.**

Fax completed form to (608) 266-3125 or mail to NPA Program, 1 W. Wilson St., Rm 243 Madison WI, 53702  
Attn: Amy Meinen or Jon Morgan