

Fuel Up To Play 60 Student Club Application

Student Name _____ Teacher _____

I am interested in becoming a member of the student Fuel Up To Play 60 club. I have permission from my parents and classroom teacher to be involved in the club. The committee will meet periodically to develop action plan and implementation of different projects, such as:

FUTP60 game plans, Health tips of the month, Health Fair, Health promotion, Jump Rope Festival, Jump Rope for Heart, recess activities, Healthy Snacks Recipe contest, the Stallings Elementary Healthy Snacks Cookbook, Field Days, etc.

Parent signature _____

Teacher signature _____

Please return this application by Friday, September 12 .

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