Visit website: www.health-SPLASH.org

Shaping Positive Lifestyles & Attitudes through School Health

Family Connections Event Form 2009/2010

Instructions:

(1) Fill in **ALL** information, provide **DETAILED** description about the event**,** and consult the **SPLASH Manual** first if unsure about allowable items.

(2) After completion, send form to your **Comprehensive Schools Health Coordinator** for review in a timely manner to allow **2 weeks** for processing.

SCHOOL INFORMATION

District:		**School**:	
County:	**09/10 School Enrollment**:	**Total Available:**	**Total Spent:**

EVENT:

Date of Event:		**Contractor Used** (If applicable) ☐
Person Planning Event:	**Contact Information:**	**Cost of Contractor**
Describe event and how it involves community and family:		

ITEMS (If extra Items, please refer to second page)

QTY	ITEM	SAMPLE SIZE	COST
		Contractor (if applicable):	
		Total from other sheet:	
		Total:	

For Office Use Only

Approved:	Not Approved:

Outreach

Shaping Positive Lifestyles & Attitudes through School Health

QTY	ITEM	AMOUNT	COST
		TOTAL	

Comments:

Outreach