



## Remote Request Form

For Schools, Community Groups, and Non-Profits

Date : \_\_\_\_\_

Please include a tracing of each child's largest foot (on paper) with the child's first and last name.

	Name (Last)	Name (First)	(mm/dd/yyyy)	Shoe Size	Head (cm)
	<i>Ex. John</i>	<i>Smith</i>	<i>5/5/2005</i>	<i>8 y</i>	<i>52cm</i>
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Organization / School Name: \_\_\_\_\_

**Agency / Organization Information:**

I have already submitted an application for my agency/organization to make referrals.

**OR**  Please send me information on becoming a referring agency with Sport Central.

**Confirmation of Assessment**

I, \_\_\_\_\_, confirm that I have assessed the children named above as being in financial need and am referring them to Sport Central to received gently used/ new equipment. I understand that the equipment is the property of the individual child, and can be returned or exchanged by the child at Sport Central with a new referral.

\_\_\_\_\_  
Signature of Referring Applicant

\_\_\_\_\_  
Date (mm/dd/yyyy)