PORT TOWNSEND SCHOOL DISTRICT #50 1610 Blaine St. Port Townsend, WA 98368

Request for Addition or Modification to Interscholastic Athletic Program

Requested by: First and Last Name (Print please)		
Street Address City	Zip	
Date of request	Telephone	Email
Please describe the athletic program	addition/modification requested:	
In support of your request, please pr will be given consideration even if		rmation as possible. Your request
1. List students who are interes	sted in participating, by name/grade/	/school:
2. List persons (with contact in volunteer coaching services:	nformation) who may be interested i	n providing compensated or

3.	Please indicate existing interscholastic competition in this sport of which you are aware:		
4.	For which season is the sport proposed:		
FALL	WINTER	SPRING	
	ate for a Fall sport request is January 1st ate for a Winter or Spring sport is April 1	1 0	
5. involve	Describe equipment, uniform, and facilities needs, and information you may have as to costs olved:		
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Please attach any additional information you may have in support of your request.			
togethe forwar	er with the building administrator and	letic director. It will be evaluated by the athletic director, district Title IX officer, and a recommendation will be lecision. A written response to your request will be sent ag days of the filing of your request.	
	ms. All program changes for the follow	ith the district's ongoing and annual review of athletic ing school year will be finalized by June 1 of the current	
Signati	ure of requester	Date	
Please	Print Name		
Approv	ed: 4/20.2023		