

Girls on the Run Program Information



What is it? A curriculum based program that utilizes the power of running to provide you with the tools to celebrate yourself, honor your unique voice, and recognize your special gifts!

Have fun with other girls while you exercise, share experiences, and challenge yourself to be physically and mentally stronger.

Set goals for yourself about making healthy choices that are best for your body.

Learn more about being a good friend and helping others in your community while you get to know your friends and yourself a little bit better.

Who is it for? Girls in grades 3 through 4 – every girl is welcome!

For more information about the Girls on the Run Program visit our website at

<http://www.girlsontherunvermont.org>

Meeting Place: Chesterfield School

Program Dates: March 7, 2012 to May 19, 2012 (a 10 week program ending with running in a 5K run on May 19th).

Meeting Days: Wednesday and Friday

Times: start 3:15 and end at 5:00

➤ *Group size is limited and registrations are on a first-come, first-served basis.*

Program Fee: \$70, (make checks payable to Girls on the Run VT), financial assistance available, see scholarship form below or call Wendy for more information.

Return completed paperwork with payment to: Michelle Larkin at the school office.

Coaches and Contact Info:

Wendy Richardson 398-7379 email: wr41315@gmail.com

THIS IS NOT A SCHOOL SPONSORED EVENT

Scholarship Application

It is our vision that all GOTR VT programs be available for all girls regardless of their financial resources. Scholarships are awarded as needed, but may be limited by resources available to our organization. If you have any questions regarding the scholarship process, please call Nancy Heydinger (802) 246-1476.

Participants

Name: _____

School Name:

Parent/Guardian Name: _____ Daytime Phone:

Girls on the Run® Vermont believes a sense of pride and ownership is developed if there is a contribution towards the cost of participation. Therefore, we respectfully request that applicants pay a portion of the program fees, if at all possible. The suggested minimum is \$10.00.

Amount your family can afford to pay at this time: \$_____

This page and your payment should be handed in with the completed GOTR Registration, Health History, & Consent Form.

Thank you!

FOR OFFICE USE ONLY:

Date Recd: _____ Amt Paid: _____ Other Funding: _____ Total GOTR Sship: _____