



Facility Services
2445 LaPorte Avenue
Fort Collins, CO 80521
(970) 490-3333
www.psdschools.org

Developmental Athletic Program Application

The following organization is requesting to obtain the approved status as a Developmental Athletic Program. Complete the information on this form and attach all necessary or additional documentation. Once complete, submit the application to the school principal and athletic director for site approval.

Date _____
Program Name _____
School _____
Contact _____
Phone _____ **Email** _____

General Information:

- Developmental Athletic Programs must comply with [FS307 – Developmental Athletic Program Guidelines](#).
- Facility use for Developmental Athletic Programs must be scheduled in accordance with district policy [KF – Use of District Facilities](#) and associated administrative guidelines.

Developmental Athletic Program Description and Details

Please provide a description of the proposed Developmental Athletic Program:

Sport: _____ Grade Level(s): _____

Will a fee be charged? Yes No

If yes, please provide the amount charged and documentation regarding the fee:

Name(s) of PSD employee(s) supervising the program: _____

Type of equipment needed: _____



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I confirm the Developmental Athletic Program will comply with district policy KF and all associated guidelines.

 Program Coach/Clinician

 Date

Principal/athletic director: Please review, sign, and date, then send the application to the district athletic director, who will review and determine if the organization will be authorized. The application will then be sent to the director of facility services and the assistant superintendent of secondary schools for review. If authorized, Facility Services will assign the organization an authorization number and a copy of the application will be sent to the organization. If not authorized, a reason will be provided and the application will be returned to the organization.

Site Approval:

 Principal

 Date

 School Athletic Director

 Date

Authorization:

 District Athletic Director

 Date

 Director of Facility Services

 Date

 Assistant Superintendent of Secondary Schools

 Date

OFFICE USE ONLY

Authorized: _____

Not Authorized: _____

If not authorized, provide reason:

Developmental Athletic Program Authorization Number: _____