



RACK ROOM SHOES "SHOES THAT FIT" SCHOOL APPLICATION

MY SCHOOL WOULD LIKE TO APPLY FOR THE SHOES THAT FIT PROGRAM

(school name) _____

Yes, we are a Title I School We have _____% of our students on government paid lunches

PLEASE PRINT CLEARLY

Street _____

City _____ State _____ Zip _____

OUR SCHOOL LIAISON WILL BE _____

Position _____ Email _____

Phone _____ Cell Phone _____

OUR ALTERNATE CONTACT WILL BE _____

Position _____ Email _____

Phone _____ Cell Phone _____

The last day you will be able to reach us during this school year is _____

We (the staff) will be back in school on _____

You may reach us over the summer from (date) to _____

PLEASE NOTE: Funds will be sent out at the beginning of the new school year after our Back To School fundraising.

We would like our school to be listed as a participant at our local Rack Room Shoes store locations. *Our customers like to know they are making donations for local schools. By being listed, it could help you obtain more funds for your school Shoes That Fit Program.*

We would not like to be listed as a participant.

As the school _____ (title), I am authorized to sign up for this program. I understand that 100% of the funds collected by Rack Room Shoes are transferred to the Shoes That Fit Program and divided between the participating schools. As a participant, we will be responsible for certain aspects of the program that will be outlined in the kit. I understand that once we are selected to participate in the Shoes That Fit program I will be sent and email with instructions, should we decide that we are not able to participate I will notify Rack Room Shoes immediately.

Name _____ Date _____

Signature _____

PLEASE RETURN THIS FORM TO BRITTANY COPSEY IN ONE OR MORE OF THE FOLLOWING WAYS:

Email: Brittany@shoesthatfitrackroomshoes.com • Fax: 805.517.1977