



IDEALS - SALT Program Application

School _____ AD Phone _____

Athletic Director _____ Email _____

School Address (No PO Boxes) _____

City _____ State _____ Zip Code _____

Projected Start Date - Fall _____ Winter _____ Other _____

Number of Teams represented in SALT Program _____ School Classification _____

Program Coordinator _____ Phone _____

Email _____ Best time to contact _____

Cell Phone _____ T Shirt size S ___ M ___ L ___ XL ___ XXL ___

Comments

Return to: Jack Williams
jackw@idealsleadership.org
45 Cheshire Way
Lawrenceville, GA 30043
678-682-3306 ofc
678-362-4230 cell
678-682-3531 fax