



**Structural Management**<sup>®</sup>  
*The Future of Sportsmedicine*  
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## School Application

Name of School: \_\_\_\_\_

Address of School: \_\_\_\_\_

\_\_\_\_\_

Contact: \_\_\_\_\_

Title: \_\_\_\_\_

E Mail: \_\_\_\_\_

Phone #: (w) \_\_\_\_\_ (c) \_\_\_\_\_

Grades of Participating Students: \_\_\_\_\_

# of Students: \_\_\_\_\_

Start Date of Semester: \_\_\_\_\_

Currently Involved in Running Program (Y) \_\_\_\_\_ (N) \_\_\_\_\_

**Fax to 518.393.6566**