

# 2009 Longest Day of Play (LDOP) Physical Activity Request

**Organization Name:** (if any) \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Type of Physical Activity:** \_\_\_\_\_

**Any Special Needs:** (flat ground, electricity, water, specific space/size)

1 Table will be provided per station

**T-shirt sizes:** (2 T-shirts will be provided so please indicate 2 sizes Small-4XL)

**Would you be willing to donate a door prize?** (Please drop off door prizes at the PHC or call to arrange pick-up)  Yes  Unable to at this time

**Would you be interested in being a T-shirt sponsor for \$100?** (Your logo will be placed on the back. Please send all T-shirt sponsorships to the address below with checks made payable to Franklin County Health Department or FCHD)

Yes  Unable to at this time

**Would you be interested in being a corporate level T-shirt sponsor for \$200?** (Your logo will be larger and placed at the top)

Yes  Unable to at this time

**Please return by Friday, May 29<sup>th</sup>!**

Mail: Public Health Center (PHC)  
851 E-W Connector  
Frankfort, KY 40601

Fax: 502-564-5672

Phone: 502-564-5559

E-mail: [JudyA.Mattingly@ky.gov](mailto:JudyA.Mattingly@ky.gov)

\*Please don't forget to e-mail your logo for the LDOP passport!