

Power Panther™ Costume Request and Agreement Form

Eat Smart. Play Hard.™

Complete the following and send by email or fax to your regional representative.

Department: _____ Agency: _____

Contact Person: _____ Title: _____

Division: _____ Program: _____

Address: _____ Suite/Room: _____

City: _____ State: _____ Zip: _____

Contact Phone: _____ Fax: _____ Email: _____

ABOUT YOUR AGENCY

1. Which **USDA nutrition assistance program(s)** does your agency administer? Check all that apply.

- | | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> NONE | <input type="checkbox"/> Child Nutrition/School Meals | <input type="checkbox"/> Food Stamp Program |
| <input type="checkbox"/> WIC | <input type="checkbox"/> WIC Farmers Market | <input type="checkbox"/> FDPIR |
| <input type="checkbox"/> CACFP | <input type="checkbox"/> Summer Food Service Program | <input type="checkbox"/> TEFAP |
| <input type="checkbox"/> CSFP | <input type="checkbox"/> Other – specify _____ | |

Type of requesting agency: [Check only **one**]

- | | | |
|---------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> FNS Region | <input type="checkbox"/> State Agency | <input type="checkbox"/> Other, specify _____ |
| <input type="checkbox"/> Local Agency | <input type="checkbox"/> County | |

ABOUT THE EVENTS

1. Check all **Eat Smart. Play Hard.™** materials you will use in conjunction with Power Panther's visit. All of the following materials are available at: <http://www.fns.usda.gov/eatsmartplayhard/Zone/bio.html>

Type of Materials	Name of Material	Check All Items to be Used
Power Panther™ script:	Eat Smart. Play Hard™ with MyPyramid;	
	Eat Smart. Play Hard™ in School;	
	Learn to Eat Smart. Play Hard™ with Power Panther™	
Eat Smart. Play Hard™ Lesson Plans:	Taste the Colors	
	Snack Smart	
	Power Up with Breakfast	
	Choose Drinks that Count	
Power Panther™ Song:	If you wanna be like the Power Panther™	
	Power Panther™ is Here	
Power Panther™ Exercise	Power Up Moves	
Other Materials:	Activity Sheets	
	Kids Website	
	Comics	
Others - Specify		

2. What do you want to achieve by involving Power Panther in your event(s)?

3. Complete the following Schedule of Events Chart for your Power Panther Event(s). **There is a two (2) day limit on the costume loan.**

Instructions: Provide information about each event scheduled for Power Panther using the codes below. You can download this form as a MS word file on our web site for electronic submission: www.fns.usda.gov/eatsmartplayhard

Date - Enter date of each event. List events in the order you plan to conduct them.

Type of Event - Use these codes for type of event: (Select one) School-based (S), Community-based (C), Game or Sports Event (GS), Faith-based (FB), Food Store (FS), Health (H), Parades, Walks, Hikes, Races (PA), Celebrations, examples: School Breakfast or Lunch Week, Fruit & Veggie Month, etc. (CA), Other – Specify (O)

Sponsor - Enter the FNS sponsor or host of the event: For example WIC, FSP, FDPIR, WIC, FMNP, SFMNP, CNP, etc.

Target Audience - Enter age or grade levels for kids, or specify adults-example: kids 8-10 or grades 3-5.

Participation Estimate - Enter number of kids and adults expected.

Location of event - Enter city, State, and zip code of each event.

Key activities - Use these codes for type of activity (Select up to 3): Nutrition Education (NE), Physical Activity (PA), Health Screenings (HS), Food Tasting (FT), Computer Lab using Eat Smart. Play Hard™ Website, interactive games, etc. (CL), Other - Specify (O)

Date of Event	Type Event (use above codes)	Sponsor(s) WIC, FSP, etc.	Target Audience	Participation Estimate		Location of Event			Key Activities (Use above codes)
				#Kids	#Adults	City	State	Zip Code	

Certification

I/We _____ have read the Guidelines for Power Panther™ and His Helper and agree to use the Power Panther™ costume in accordance with the criteria and only for promoting healthy eating, physical activity, and USDA nutrition assistance programs. I/We accept full liability for injury to persons or property connected with the use of the costume. I/We have read all the material provided, agree to the terms and conditions stated. I/We will return the costume on the date required and in the condition that it was received. I/We will not photograph Power Panther with food brands or other industry mascots.

_____ (Signature of Agency Representative) (Title) (Date)

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Services, Office of Research and Analysis, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-0524). Do not return the completed form to this address.