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: Division: Program: Suite/Room: State: _____ Zip: _____ Email: Contact Phone: Fax: ABOUT YOUR AGENCY 1. Which **USDA** nutrition assistance program(s) does your agency administer? Check all that apply. [] Child Nutrition/School Meals [] NONE [] Food Stamp Program [] WIC Farmers Market [] FDPIR [] WIC [] CACFP [] Summer Food Service Program [] TEFAP [] CSFP [] Other – specify Type of requesting agency: [Check only **one**] ____ FNS Region _____ State Agency _____ Other, specify _____ ____ County _____ Local Agency

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™	Taste the Colors	
Lesson Plans:	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		

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	3. Complete the co	-		vents Cha	art for your F	Power Panther E	vent(s). T	nere is a two	- - •
lı b	nstructions:	Provide infor n download f	rmation about this form as a			ed for Power Pan web site for elect			
[Date - Enter d	ate of each e	event. List eve	ents in the	order you p	olan to conduct th	nem.		
(F	Game or Spor	ts Event (GS celebrations,	s), Faith-base	d (FB), Fo	od Store (F	ne) School-based S), Health (H), P nch Week, Fruit &	arades, W	alks, Hikes,	
8	•	ter the FNS s	sponsor or ho	st of the e	vent: For ex	xample WIC, FSI	P, FDPIR,	WIC, FMNP	,
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					·	cify adults-examp	ole: kids 8-	10 or grades	3-5.
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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.