



THE SPEED STACKS AMBASSADOR PROGRAM:

Membership Application

Date _____

Please complete the following:

Name _____

School/Organization _____

Mailing Address _____

Email Address _____

School/Work Phone _____

Cell/Home Phone _____

Fax Number _____

Circle the Best Response:

Years involved in Sport Stacking at school/organization?

1 2 3 4 more than 4

Does your school have a before/after school Sport Stacking Club?

YES NO NO, but working on it!

Have you ever organized a Group Order at your School/Organization?

YES NO

Have you ever organized a Sport Stacking Tournament?

YES NO NO, but would like to!

Do you teach an entire sport stacking unit (multiple lessons) each year?

Yes NO

Have you ever presented at an AHPERD (or similar) Conference?

YES NO NO, but would like to!

Has your School/Organization ever had a Speed Stacks assembly?

YES NO NO, but would like to!

Please briefly explain your vision for Sport Stacking in your area.

What expertise do you feel you have that can help Speed Stacks expand Sport Stacking in your area?
