



**UNITED STATES MARINES YOUTH FOUNDATION, INC.**

3619 Jefferson Davis Highway - Suite 115  
Stafford, VA 22554  
(703) 207-9690 / (703) 207-9588  
Fax: (703) 207-0047

[Admin@usmarinesyouthfoundation.org](mailto:Admin@usmarinesyouthfoundation.org)  
[www.USMarinesYouthFoundation.org](http://www.USMarinesYouthFoundation.org)



**The National High School Physical Fitness Program**

**School Registration Form**

SCHOOL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

COACHES NAME: \_\_\_\_\_

PHONE NUMBER: (WK) \_\_\_\_\_ (HM) \_\_\_\_\_

**Has your school participated in the National Youth Physical Fitness Program or the National High School Physical Fitness Program in the past?**

\_\_\_\_\_ YES          \_\_\_\_\_ NO

**How many students are participating in the National High School Physical Fitness Program?** \_\_\_\_\_

**Does your school utilize other fitness programs similar to this one?** \_\_\_\_\_

\_\_\_\_\_

**Do you plan to enter your school (team) in competition? (HIGH SCHOOL TEAMS ONLY)**

\_\_\_\_\_ YES          \_\_\_\_\_ NO

\_\_\_\_\_ **I would like to be contacted by a coach who has experience in forming YPF Teams.**

Please mail or fax this form to:

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