

Student Athlete Leadership Team (SALT)

Name: _____

Grade: _____

A-day Homeroom Teacher: _____

Sport(s): _____ JV Varsity (circle)

Email Address: _____

Phone Number: _____

Why do you want to be a part of SALT?

What is something unique you can bring to the club? (ex. Positivity, creative ideas etc.)

Teacher Recommendation _____ (signature)

Coach Recommendation _____ (signature)

(please explain the club to your teacher of choice and coach before asking for their signature)

Submit Application to Mr. Nash in Room 252