

**South Dakota School-Age Care Programs**  
**2017 AFTERSCHOOL DAY AT THE CAPITOL**  
**~ February 1, 2017 ~**

**APPLICATION FORM**

Program Name: \_\_\_\_\_

Program Address: \_\_\_\_\_

CITY/State/Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Description of project:

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No. of Adults Attending: \_\_\_\_\_ No. of Student Ambassadors: \_\_\_\_\_

***Return form by January 13, 2017 to:***

*Desmond Keller 730 E. Watertown , Rapid City , SD 57701*

*Or email this completed form to: [dkeller@tie.net](mailto:dkeller@tie.net)*