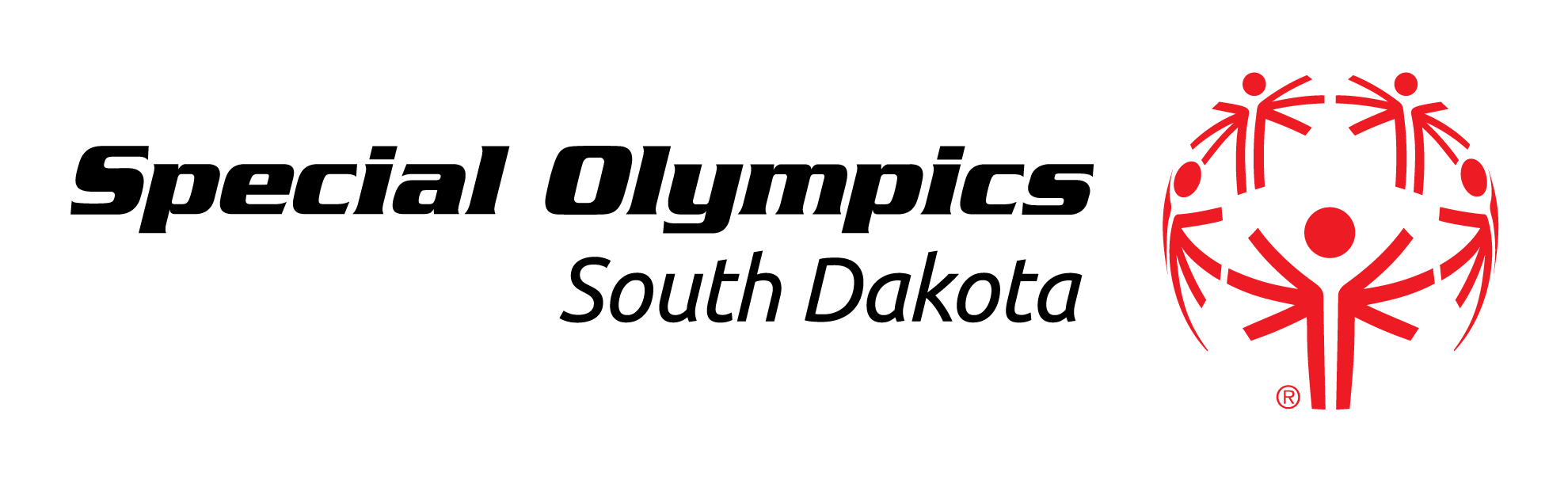
**FORM E**



# **Application for Sports Training Certification**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Instructions:** Please print clearly or type information below and return to your local program office.  List ***Permanent*** Mailing Address and telephone number: | | | | | | | | | | | | | |
| Name of Delegation: | | | | | | | | | | | | | | |
| Name: | | | | | | | | Address: | | | | | | |
| City: | | | | | | | | State:       Zip: | | | | | | |
| Daytime Phone: (     ) | | | | | | | | Evening Phone: (     ) | | | | | | |
| email address: | | | | | | | | | | Male  Female | | | | |
| If your address has changed since your last certification, please check this box | | | | | | | | | | | | | | |
| 1. | I attended the | |  | | | | | | | | TRAINING SEMINAR/COURSE in | | | |
|  |  | | Course Name | | | | | | | |  | | | |
|  |  | | | | on | | /     / | | | | | hosted by |  | |
|  | City/State | | | |  | | Date | | | | |  | Name or Group | |
| 2. | Coaching/Officiating experience with Special Olympics:  Yes  No (circle Coach or Official) | | | | | | | | | | | | | |
|  | If yes, how many years | | |  | | and where ­­­­­­­ | | |  | | | | | |
|  |  | | |  | |  | | |  | | | | | |
|  | Coaching/Officiating experience at the high school or college level:  Yes  No (circle Coach or Official) | | | | | | | | | | | | | |
|  | If yes, how many years | | |  | |  | | |  | | | | | |
|  | Playing experience at the high school or college level:  Yes  No | | | | | | | | | | | | | |
|  | Sport(s): |  | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | |
| Having satisfactorily completed all requirements, I hereby request Special Olympics certification in the area identified above. | | | | | | | | | | |
|  | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |
| Applicant |  | Date |  | Head of Delegation |  | Date |  | SOSD Assistant Sports Director |  | Date |

**Email to** [**canderson@sosd.org**](mailto:canderson@sosd.org) **or fax to 605-331-4328 or mail to 800 E. I-90 Lane, Sioux Falls, SD 57104**