**FORM E**



# **Application for Sports Training Certification**

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

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