

EVENT INFORMATION / NOTIFICATION FORM

Reporting the requested information to the State Office serves two purposes:

- 1) It keeps us in the know of events occurring across the state using the Special Olympics name.
- 2) It alerts us to situations and events which may require us to request a certificate of insurance form.

Name of Delegation: _____

Type of Event:

Competition

Demonstration/Clinic

Fundraiser

Appreciation

Other: _____

Description of Event: _____

Contact Person: _____

Event Location: _____

Date(s) of Event: _____

Approximate # of Athletes/Coaches Attending: _____

Approximate # of Public Attending: _____

Please complete and return this form prior to scheduling or advertising your event to Johna:

<mailto:jthum@sosd.org>