



LETR Event Registration Form

Today's Date: _____ Submitted by: _____

Event Lead: _____ Agencies Involved : _____

Event Lead Phone Number: _____ Event Lead e-mail address: _____

Event Name: _____ Event Proposed Date: _____

Event Proposed Location: _____ Event Start Time: _____ Event End Time: _____

Type of event:

☐ Tip-A-Cop ☐ Cop on Top ☐ Run ☐ Car Show/Motorcycle Ride ☐ Raffle ☐ Other

Description of event:

Estimated number of participants: _____

Please check the following that will be needed:

- | | |
|---|--|
| <input type="radio"/> Permit | <input type="radio"/> Bibs |
| <input type="radio"/> Insurance | <input type="radio"/> Special Olympics banners |
| <input type="radio"/> Alcohol permit (needed if alcohol will be served) | <input type="radio"/> 10x10 branded tents |
| <input type="radio"/> T-Shirts | <input type="radio"/> Registration platform |
| <input type="radio"/> Medals | <input type="radio"/> Special Olympics representative at event |

Will liability insurance be required? (Will any portion of this proposed event pose a liability or put into jeopardy any agency involved or SOWA)?

☐ Yes ☐ No If yes, please explain: _____

Will Special Olympics be responsible for registration? ☐ Yes ☐ No

Is there a custom logo for this event? ☐ Yes ☐ No

***If using the SOWA/LETR logos, please send to SOWA office (LETR@sowa.org) for final approval, before printing/distributing.**

**** DO NOT create your own marketing materials including logos, flyers, posters, banners, etc. SOWA will provide branded promotional material**

Will other organizations receive a portion of the income? ☐ Yes ☐ No

If yes, please indicate name(s) of other organization(s) and sharing %: _____

Estimated Net Proceeds to Special Olympics Washington (Dollars): _____

Please submit at least 90 days before event

LETR Coordinator - (206) 231-6575 or LETR@sowa.org

2815 Second Ave. Ste 370, Seattle, WA 98121