



REGISTERED TRAINING PROGRAM FORM (RTP) FALL SEASON

This form must be completed in its entirety and turned in with pre-season paperwork; any incomplete forms will not be accepted. If no form is submitted, the expense will be the sole responsibility of the user who reserves the facility or the Head Coach. Special Olympics Washington will not pay for unapproved facilities.

DIRECTIONS Return the completed form to your Area Manager. A purchase order number will be provided and then return this form to the facility so they can verify that you are a registered program:

EASTERN WASHINGTON
Area Services Manager
Luke Wall
lwall@sowa.org

WESTERN WASHINGTON
Area Service Manager-Interim
Madison Goverde
mgoverde@sowa.org

RTP Form can be downloaded from the SOWA website at www.specialolympicswashington.org

PLEASE PRINT OR TYPE ALL INFORMATION

| | | |
|--------------------|--------------------|----------|
| Head Coach Name: | Area: | Program: |
| Home Phone: () | Work Phone: () | |
| E-mail address: | | |

SPORT COMPONENT (CIRCLE ONE SPORT ONLY)

BOWLING

GYMNASTICS

FLAG FOOTBALL-SKILLS

VOLLEYBALL – SKILLS

FLAG FOOTBALL-TEAM

VOLLEYBALL - TEAM

FLAG FOOTBALL-UNIFIED

VOLLEYBALL- TEAM-UNIFIED

The following information is **required**:

| | |
|--|--------------------------|
| Starting Date of Training: | Ending Date of Training: |
| Typical Weekly Training/Practice Day(s): | |
| | |
| Estimated Facility Cost: | |
| Facility: | City: |

For office use only

RTP#: _____
Date Received: _____
Season: _____
Year: _____
PO # Issued: _____