

Local or Area Sports Event Application Form

Special Olympics
Washington



This application form is to be used by anyone interested in creating and running a local or area Special Olympics Washington sports event.

Please submit to your Area Director for approval.

Name: _____ Area: _____

Phone: _____ Email: _____

Name of event: _____

Type of event: _____

Estimated Cost: _____

Who will be invited to this event: _____

Sport(s) offered at competition: _____

Potential facility location: _____

Current or potential GMT members – and what position: _____

Inventory of equipment: _____

Expected Date of Event: _____

Expected Participation numbers: _____

What sort of assistance is needed? _____

Area Director Signature of Approval: _____