



***Special
Olympics
Washington***

Transportation Request Policy

In order for a team to receive transportation to a sanctioned Special Olympics Washington event they must first have an approval from their Area Director. This is done by submitting a Transportation Request Form. This form will have to be filled out minimum of three weeks before the event the transportation will be used or as stated in the season's coach's packet (whichever is earliest).

Special Olympics Washington will not pay for unapproved transportation prior to an event. This approval will come from the Area Director and/or Area Services Manager and issued back to the program coordinator or coach on the Transportation Request Form. For this to be issued the entirety of the form must be filled out and completed. Incomplete forms will not be accepted or recognized.

Those that request transportation will know they have been approved by receiving a PO Number they can reference with the agency they are renting from.

Transportation Request Form

The SOWA Transportation Request Form is used to plan and schedule transportation to and from tournaments and competitions. Please complete the form entirely and submit it to your Area Services Manager (East: lwall@sowa.org; West: jkautz@sowa.org). All Special Olympics Washington transportation arrangements must be approved prior to transportation use. Special Olympics Washington will not pay for unapproved transportation expenses. For any use of funds through SOWA for transportation, this complete form is required.

ALL rentals remain the responsibility of the local program, coach or team to reserve. Preferred van provider is Enterprise. 15 passenger vans are not allowed or covered through SOWA insurance. There will be times when team's preferred mode of transportation will be altered to be more cost efficient for the organization.

Check box or print clearly below. Transportation for:

Winter Regional Spring Regional Summer Regional Fall Regional

Winter State Spring State Summer State Fall State

Area: _____ Team Name: _____

Head Coach: _____ Phone: _____

Email: _____ Expected # of Passengers: _____

Departure Location/Address: _____

Departure Date: _____ Departure Time: _____

Destination Location/Address: _____

Return Date: _____ Return Time: AM PM

Check preferred transportation: Bus Van Personal Vehicle

Quoted Cost from Rental Company: _____

How does your team intend to cover the costs of rental (i.e. area funds, expenses covered by spaghetti feed fundraiser, etc.)? _____

Any additional needs, concerns or comments? _____

For Office Use Only:

Approved by: SOWA Manager _____ Date _____

Purchase Order Number _____ Bus or Rental Company _____