

COMPETITION APPROVAL FORM

SECTION A

Person Submitting Application

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL: _____

I. TYPE OF EVENT: REGIONAL LOCAL INVITATIONAL OUT OF STATE EVENT
SPORT _____ REGION _____

II. Please check all that apply:

There is an entry fee required, how much _____.

Certificate of Insurance required, request must accompany this form.

An overnight stay required.

Medical coverage's, specify:

Awards are being presented, what type:

Regional Ribbons/Medals

Other: _____

Event has a sponsor(s), list sponsor(s) and type of sponsorship (this is to include other Special Olympics Programs.)

III. Date(s) of the event: _____ Time: _____

IV. Location of event: _____

V. Person who is in charge of this event, if other than above:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Home Phone: (____) _____ Work Phone: (____) _____ E-Mail: _____

VI. Attach a Budget Planning Sheet to this form. (PAGE 59 OF TEAM INFORMATION GUIDE)

Signature of person completing form: _____ Date: _____

VII. If this is an Aquatics event please attach the completed Site Selection Checklist for Aquatics. (page 17)

SECTION B **SONE OFFICE**

APPROVED **CONDITIONAL APPROVAL** **DISAPPROVED**
(See Below) (See Below)

Comments: _____

REGIONAL DIRECTOR SIGNATURE: _____

SONE STAFF SIGNATURE: _____