



CLASS B VOLUNTEER REGISTRATION FORM



Event: NEDSRA Local Special Olympics Track & Field Meet

Date: Saturday, May 22, 2010

Area: 2

PLEASE PRINT ALL INFORMATION

Name: _____
Last
First
Full Middle Name

Mailing Address: _____

City _____ State _____ Zip _____

E-Mail Address: _____ Phone _____

Are you 18 years of age or older? Yes No *(Individuals under the age of 10 are not allowed to volunteer.)*

Are you an IHSA or other certified sports official? Yes No If yes please list sport(s): _____

Check this box if you are NOT interested in receiving periodic information/mailings from SO ILL.

Check this box if you are NOT interested in receiving fundraising requests from SO ILL.

MANY COMPANIES AND ORGANIZATIONS ASK US TO REPORT ON ANNUAL VOLUNTEERISM OF THEIR MEMBERS/EMPLOYEES

Please identify your employer/school: _____
(Please indicate complete employer/school name)

Please check any of the following organizations you belong to:

KNIGHTS OF COLUMBUS KIWANIS AMBUCS AMVETS LIONS
 AMERICAN LEGION/AUXILIARY ROTARY JAYCEES EAGLES ELKS

I grant Special Olympics, IL and Special Olympics, Inc. permission to use my likeness, voice, and words in or on television, radio, film, websites, or in any other form/format of media to promote Special Olympics and its mission to raise funds for Special Olympics.

Volunteer's Signature

Date

FOR USE BY EVENT ORGANIZERS ONLY

Please check 1 box

Photo ID
 Visual ID
 Minor – *(No ID)*

FOR OFFICE USE ONLY

Number of Hours Worked _____