Law Enforcement Torch Run for Special Olympics Georgia Event Notification Form

Name of person submitting form:				
Law Enforcement Agency:				
Address:				
City/State/Zip:		Best Time to Call:		
Work Phone: ()		Date(s) of Event:		
FAX: ()	Email: _			
Location/City of Event:				
 Are alcoholic beverages being served at this event? 			Yes	No
If yes, is there a charge for the alcoholic beverages?			Yes	No
 Will hazardous activities take place at the event? (For example, fireworks, bungee jumping, aviation or watercraft) 			Yes	No
 Do you know your Local Coordinator or Regional Manager? 				No
 Do you request the LETR Liaison or SOGA staff to be present at event? 				No
 Do you request a Global Messenger or SOGA athlete(s) to be present? 			Yes	No
*The Special Olympics Regional Manag programs are organized at the county lev county. It is not mandatory for you to n also provide you with athletes at your ev	vel and each program has otify your local Special O	a coordinator in charge of a llympics coordinator. Howev	ll the training a	and competitions in their
Please describe the event includin event may incur and how much the payment of expenses that are not expenses):	ese may cost. Please	remember that SOGA d	loes have the	e right to refuse

Please mail or Email/ FAX this form at least four weeks prior to the event to Matthew Sheridan:

matthew.sheridan@specialolympicsga.org or (770) 216-8339 or mail it to:

Special Olympics Georgia Attn: Matthew Sheridan 4000 Dekalb Technology Parkway Suite 400, Building 400 Atlanta, GA 30340