Graduating Athletes: As you take your next step, continue your athletic career with Special Olympics Georgia

Special Olympics Georgia (SOGA) serves over 26,841 athletes. Our goal is to provide year-round sports programs for all children and adults with intellectual disabilities. We also seek to provide opportunities to develop physical fitness, demonstrate courage, as well as to participate in the sharing of gifts, skills and friendship with their families, other Special Olympics athletes and the community.

As you, your loved one, or athlete you know nears graduation from high school, please remember Special Olympics Georgia wants to provide you the opportunity to stay involved with our local programs. Please take a few moments to fill out the attached form and return it to us.

Why should athletes stay involved with SOGA after high school?
- Improves physical fitness and athletic ability
- Nourishes friendships and family relationships
- Strengthens teamwork
- Provides skills for independent living
- Increases ability to make personal decisions
- Raises self-confidence and social competency
- Enhances skills that can be used at a job

1. Fill out the form attached to this flyer
2. Once SOGA receives your form, a Sports and Program Manager from your area will contact you.
3. You and your Sports and Program Manager will work together to find ways to continue participation.

SOGA SPORTS

Alpine Skiing  Golf
Aquatics   Volleyball
Athletics  Gymnastics–Artistic or Rhythmic
Badminton  Ice Skating–Figure or Speed
Basketball  Powerlifting
Bocce  Roller Skating
Bowling  Sailing
Cycling  Softball
Long Distance-Walking/Running  Table Tennis
Equestrian  Tennis
Flag Football  Soccer
Golf
Volleyball
Gymnastics–Artistic or Rhythmic
Ice Skating–Figure or Speed
Powerlifting
Roller Skating
Sailing
Softball
Table Tennis
Tennis
Soccer

STATE GAMES

Indoor Winter Games  January
Summer Games  May
Masters (22+) Bowling  August
Fall Games/Horse Show  October
Name of Athlete: __________________________________________________________
Male _____ Female_____ Ethnicity (optional)________________________
Contact Person: __________________________________________________________
Relationship to Athlete: ________________________________________________
E-Mail Address: _________________________________________________________
Daytime Phone: _________________________________________________________
Mailing Address: _________________________________________________________
City ______________________, GA Zip Code ___________________

Please complete and send this form to the attention of Deon Villasencio via mail, e-mail, or fax:

6046 Financial Drive
Norcross, GA 30071

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For more information, please visit our website:
www.specialolympicsga.org

Special Olympics
Georgia