

GRADUATING ATHLETES AS YOU TAKE YOUR NEXT STEP, CONTINUE YOUR ATHLETIC CAREERS 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?

- I**mproves physical fitness and athletic ability
- N**ourishes friendships and family relationships
- S**trengthens teamwork
- P**rovides skills for independent living
- I**ncreases ability to make personal decisions
- R**aises self-confidence and social competency
- E**nhances skills that can be used at a job

SOGA SPORTS

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

STATE GAMES

Indoor Winter Games
January

Summer Games
May

Masters (22+) Bowling
August

Fall Games/Horse Show
October



HOW TO STAY INVOLVED

Fill out the form attached to this flyer

Once SOGA receives your form, a Program Manager from your area will contact you.

You and your Program Manager will work together to find ways to continue participation.

2020 Transition Flyer

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
Hannah Creasey via mail, e-mail, or fax:**

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

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