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 - Improves physical fitness and athletic ability
N - Nourishes friendships and family relationships
S - Strengthens teamwork
P - Provides skills for independent living
I - Increases ability to make personal decisions
R - Raises self-confidence and social competency
E - Enhances skills that can be used at a job

SOGA SPORTS

Alpine Skiing
Aquatics
Athletics
Badminton
Basketball
Bocce
Bowling
Cycling
Long Distance-Walking/Running
Equestrian
Flag Football
Floor Hockey

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

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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Norcross, GA 30071

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