



2023 Law Enforcement Torch Run Registration Form

Date: _____

Department/Agency: _____

LETR Department Coordinator: (Including Title) _____

Secondary Contact Name: _____

Mailing Address (NO PO BOXES): _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Cell Phone: _____ Fax: _____

'REQUIRED

Department Coordinator Email: _____

'REQUIRED

Secondary Contact Email: _____

'SUGGESTED

Comments: _____

Send the returned form to Jalen Young at

Jalen.young@specialolympicsga.org

| |
|------------------------------|
| For Official Use Only |
| Kickoff: _____ |
| ID# _____ |
| Date Rec: _____ |
| Date Entered: _____ |
| Initials: _____ |