



LAW ENFORCEMENT
TORCH RUN®
FOR SPECIAL OLYMPICS
GEORGIA

Department: _____

Coordinator/Contact: _____

Phone Number: _____

Email Address: _____

Total Amount Enclosed: _____ **Date:** _____

If you have sponsorship money that you would like to put towards merchandise please make note of this below.

Cash \$	\$	\$
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Although, the state office does not maintain records based on individual performance, Torch Run officers are eligible for incentive items based on the amount of money they raise. Please maintain a copy for **your** records for use at the end of the year.

<i>Officer Name</i>	<i>Department</i>	<i>Address (if different from Department)</i>	<i>Amount Raised/Donated</i>
			\$
			\$
			\$
			\$
			\$
		Total Amount	\$