



Special Involvement: Families

www.specialolympicsflorida.org

Please Print

Family Member Name: _____
(Last Name) (First Name) (Initial)

Family Member Address: _____ City _____ State _____ Zip _____

Work Phone: () _____ Home Phone: () _____ Email: _____

Athlete's Name: _____
(Last Name) (First Name) (Initial)

Does your Athlete reside: _____ at home _____ in a group home _____ on their own

My daughter/son is _____ is not _____ currently a Special Olympics Athlete

What is your relationship to your Athlete:

_____ Grandparent _____ Parent _____ Sibling _____ Aunt _____ Uncle _____ Care Provider

If you are 18 or over, indicate your age group: _____ 18-21yrs. _____ 22-30yrs. _____ 60+yrs.

Future-Athlete's Name: _____
(Last Name) (First Name) (Initial)

COUNTY MANAGEMENT TEAM

I am interested in volunteering in the following areas:

- _____ Families Committee _____ Finance Committee
- _____ Athlete Recruitment Committee _____ Fundraising Committee
- _____ Coaches & Athlete Training Committee _____ Public Relations Committee
- _____ Competition Committee _____ Medical Committee
- _____ Volunteer Committee _____ Transportation Committee
- _____ Registration Committee

_____ I am interested in becoming a Family Mentor (matched with a new family and serve as a resource)

_____ I am interested in becoming a Family Messenger (spokesperson recruiting new families)

TRAINING

I would like to:

- _____ Register my Athlete for Special Olympics
- _____ Work with my Athlete at home on sports skills in addition to his/her training session
- _____ Take my Athlete to any training clinics
- _____ Become as assistant coach
- _____ Assist with transporting Athletes

MAILING LISTS

If you have an email address, please supply us with yours on the top of this form

I would like to be notified to register for:

- _____ A training school to become a coach
- _____ A training school to become a games committee chairperson
- _____ A training school to become an official

I would like to be put on the Special Olympics Florida mailing list for family mailings and Program memos:

- _____ By email
- _____ By US Mail

I would like to be put on my county program's mailing list :

- _____ By email
- _____ By US Mail

Any Additional Comments:

PLEASE RETURN TO:

Special Olympics Florida – Flagler County
 Attn: Christine A. Pinto, County Coordinator
 PO Box 350790
 Palm Coast, FL 32136-0790