

Received: _____
Approved _____



**Application for Special Olympics Alaska Sanction
Local Games/Local Competition**

Community Program: _____ Competition Director: _____

Date of application: _____ Title of Event: _____

Number of Athletes participating: _____ Number of Volunteers needed: _____

Budget allotted: _____

Expenses (item/cost): _____

In what way will you be using the Special Olympics Alaska logo?: _____

How will you promote public awareness of the event?: _____

How can Special Olympics Alaska provide assistance with this event?: _____

Please list the persons responsible for the following areas:

Set Up/Take Down: _____

Public Relations: _____

Awards: _____

Athlete Participation (other than competition): _____

Volunteer Recruitment: _____

Opening/Closing Ceremonies: _____

Honored Guests: _____

Victory Celebration: _____

Competition Results: _____

Post Event Recognition/Appreciation: _____

Date	Day	Time	Sport/Ceremonies	Location