



STATE OFFICE USE ONLY

Date received: _____

Approved: _____

**Application for Special Olympics Alaska Sanction
Fundraising Activity or Event**

Community Program: _____ Date of application: _____

Title of Fundraising Event: _____

Date of Fund Raiser: _____ Time: _____ Location: _____

Number of Athletes participating: _____ Volunteers needed: _____

Business/agencies/groups directly involved: _____

Expenses (item/cost): _____

Estimated amount to be raised: _____

Description of fundraising event: Please attach any support materials: _____

In what way will the Special Olympics Alaska name and logo be used?: _____

How will the event be promoted in the community? _____

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

Please ensure you have read the "fundraising considerations" prior to submitting this request.

Please list the volunteers responsible for the following areas:

Event Chair: _____

Accounting for the event: _____

Public Relations: _____

Athlete Participation: _____

Volunteer Recruitment: _____

Post Event Recognition/Appreciation: _____

Special Olympics Alaska

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Created by the Joseph P. Kennedy Jr. Foundation for the benefit of persons with intellectual disabilities