2016 ANNUAL REGISTRATION

You can also register online and raise pledges at

SPECIALOLYMPICSWISCONSIN.ORG

*Required information every year

I am registering for ☐ FINAL LEG ☐ OTHER EVENT (list below)

*EVENT: _____

*TITLE: _____

*FIRST NAME: _____

*LAST NAME:_____

*GENDER: ☐ MALE ☐ FEMALE

*I AM A(N) ☐ OFFICER ☐ D.O.C. ☐ CIVILIAN ☐ RETIRED ☐ SO ATHLETE

*RANK: _____

*NAME OF AGENCY/DEPARTMENT: _____

*ADDRESS TYPE: ☐ HOME ☐ BUSINESS

*ADDRESS: _____

*CITY _____

*STATE: _____ *ZIPCODE: _____

PHONE: _____

*E-MAIL: _____

*DATE OF BIRTH: _____

Please list all affiliations with professional law enforcement associations (WPPA, WCPA, BSSA, etc.) _____

_____

I am a new LETR participant and was recruited by: _____

*By registering for this event, I grant Special Olympics Wisconsin permission to use my likeness, voice and words in television, radio, film or in any form to promote the activities of Special Olympics.

If you would like a letter of commendation sent to your supervisor, please contact Julie Drake at JDrake@SpecialOlympicsWisconsin.org or (608) 442-5668.

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