

2017 ANNUAL REGISTRATION

To earn incentive prizes, register online and raise pledges at
SPECIALOLYMPICSWISCONSIN.ORG

***Required information every year**



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

*EVENT: _____

*TITLE/RANK: _____

*FIRST NAME: _____

*LAST NAME: _____

*GENDER: MALE FEMALE

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

*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.