**

**Athlete Leadership**

**Global Messenger Training**

*Special Olympics Global Messengers are once again proving that there are no limits to what people with intellectual disabilities can do, and challenging the world to accept them as active participants in society. They are speaking for themselves to tell their own story—and telling it far better than any of us could.” Eunice Kennedy Shriver*

**Who:** Any SOWI athlete with a desire to share their story.

**When:** Saturday, December 7, 2019

**Time/Where:** Global Messenger Training 9:30 am- 3:30 pm

 O.A.S.I.S. - 2414 W Mitchell St, Milwaukee, WI 53204, 414-647-6041

**What is it?**

The Sargent Shriver Special Olympics Global Messenger program is designed to train athletes on public speaking skills. Athletes will learn about the facts of Special Olympics, gain resources for preparing a presentation, prepare and present their elevator speech and have fun. From the knowledge that the athletes gain from this workshop, they are asked to give presentations to recruit new athletes and volunteers or assist in fundraising, all while telling their Special Olympics story.

**Cost for the Global Messenger Workshop**

There is no cost for the Global Messenger Workshop which includes Saturday lunch.

**HOW DO I SIGN UP?**

Mail/email/fax the application by December 2, 2019 to:

Special Olympics Wisconsin

Attention: Jeanne Hrovat, Director of Special Projects

2310 Crossroads Drive, Ste 1000

Madison WI 53718

(608) 219-0492 cell (800) 552-1324 ext. 5666 toll free

Fax (608) 222-3578

jhrovat@specialolympicswisconsin.org

****GLOBAL MESSENGER APPLICATION**

Return to SOWI, 2310 Crossroads Drive, Ste 1000, Madison, WI 53718 by **December 2, 2019.**

Jeanne Hrovat, Director of Special Projects, Special Olympics Wisconsin, Fax – 608-222-3578

2310 Crossroads Drive, STE 1000, Madison, WI 53718, jhrovat@specialolympicswisconsin.org

**ATHLETE** NAME:      AGENCY:

ADDRESS:      CITY & ZIP:

DAY (Cell) PHONE:      EMAIL:

Shirt Size: \_\_\_\_\_

Are you on Facebook and will you join a SOWI Athlete Leadership Group? [ ]  YES [ ]  NO

Do you require any disability-related accommodations, such as written materials in an alternate format, sign-language interpreter, wheelchair accessibility, etc.? [ ]  YES [ ]  NO

If yes, please explain**:**

Dietary Needs:

**MENTOR** NAME:      AGENCY:

ADDRESS:      CITY & ZIP:

DAY (Cell) PHONE:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a registered Class A Volunteer for Special Olympics Wisconsin? [ ]  YES [ ]  NO

Dietary Needs:

Thank You!