



## FUNDRAISING/GRANTS/SPECIAL EVENTS REGISTRATION FORM

Local Program Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

*Please briefly describe the proposed plan or grant, date(s) of special event or grant application to raise funds, and the estimated amount to be raised.*

\_\_\_\_\_  
\_\_\_\_\_

*By signing below, I am fully aware of the guidelines set forth by Special Olympics Kansas, Inc. in soliciting and raising funds by using the name "Special Olympics".*

\_\_\_\_\_  
(Local Program Applicant Representative) Date: \_\_\_\_\_

\_\_\_\_\_  
(Director of Development) Date: \_\_\_\_\_

\_\_\_\_\_  
(CEO) Date: \_\_\_\_\_