

Volunteer Registration Form

Listed below are the volunteer opportunities for Challenge Day. Please fill out this form and return it to: registrations@soiowa.org or fax to 515-986-5530. Please help make this day successful for our Special Olympic Athletes!

You <u>don't have to have prior knowledge</u> of any of the events to be a volunteer. We'll instruct you on whatever you choose to do. *Number your job choices 1, 2, and 3*

8:45 – 9:15 AM: Volunteer Registration Lunch is provided for all volunteers			
	Tea Lun Reg Pho Arts Bati :00am – 2:00pm r with an athlete for the d the day's events. As a pa	m Volleyball m Basketball ch istration tographer 5 & Crafts	
NAME:		BIRTHDATE	
ADDRESS:	CITY:	ZIP:	
DAY PHONE:	E-Mail Address:		
ORGANIZATION:	Ge	nder Female Male	
T-SHIRT SIZE: Small [3x-Large 4x-Large [🗌 X-Large 🗌 2x-Large	
Special Olympic 551 Dovetail Ro Grimes, Iowa 50	ad, P.O. Box 620	This is a day of fun for our athletes and our volunteers	
Email: registrati	ions@soiowa.org	Fax: 515-986-5530	