CLASS B VOLUNTEER REGISTRATION FORM

Event SPRING GAMES Date 5-2-09 Area 1

PLEASE PRINT ALL INFORMATION

Name: _____
Last *First* *Full Middle Name*

Mailing Address: _____

City _____ State_____ Zip_____

E-Mail Address: _____ Phone_____

Age: _____

Are you an IHSA or other certified sports official? __YES __ NO If yes please list sport(s):_____

___ Check here if you are NOT interested in receiving periodic information/mailings from SO ILL.
___ Check here if you are NOT interested in receiving fundraising requests from SO ILL.

MANY COMPANIES AND ORGANIZATIONS ASK US TO REPORT ON ANNUAL VOLUNTEERISM OF THEIR MEMBERS/EMPLOYEES

Please identify your employer/school: _____
(Please indicate complete employer/school name)

Please check any of the following organizations you belong to:

___ KNIGHTS OF COLUMBUS ___ KIWANIS ___ AMBUCS ___ AMVETS ___ LIONS
___ AMERICAN LEGION/AUXILIARY ___ ROTARY ___ JAYCEES ____ EAGLES ___ ELKS

I grant Special Olympics, IL and Special Olympics, Inc. permission to use my likeness, voice, and words in or on television, radio, film, websites, or in any other form/format of media to promote Special Olympics and its mission to raise funds for Special Olympics.

_____
Volunteer's Signature

EVENT (Please circle one)

Track Softball/Tennis Ball Soccer Swimming Awards

TIME (Please circle one)

8:30-12:00 12:00 noon- 3:30 All Day

DEADLINE FOR FORMS: FRIDAY, APRIL 17, 2009

VOLUNTEER MEETING: Tuesday, April 28, 2009 6:00pm Harlem High School

Complete all information and return form to : NWISO 815-965-3795
1907 Kishwaukee Fax 815- 965-7087
Rockford, IL 61104

Office use only:

_____ Total Hours Worked ___Photo ID ___Visual ID ___Minor (no ID)