

**SPECIAL OLYMPICS KANSAS  
FUND RAISING REGISTRATION FORM**

Applicants \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 County \_\_\_\_\_ Telephone Number (wk) \_\_\_\_\_ (hm) \_\_\_\_\_  
 School or Agency \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 County \_\_\_\_\_ Telephone Number (wk) \_\_\_\_\_ (hm) \_\_\_\_\_

Accredited Area Program (Please Circle) Yes No Registered Local Program (Please Circle) Yes No  
 A. Briefly describe the proposed plan to raise funds and the estimated amount to be raised.

Date of Event: \_\_\_\_\_ / \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

B. I am fully aware of the guidelines set forth by Special Olympics Kansas in soliciting and raising funds by using the name "Special Olympics"

C. This fund raiser will benefit \_\_\_\_\_ (Special Olympics group).  
 (Name)

Signed \_\_\_\_\_ Date \_\_\_\_\_  
 (Applicant)  
 \_\_\_\_\_  
 (Director of Development)

\_\_\_\_\_  
 (Executive Director)  
 Return Completed Form To:  
**Special Olympics Kansas**  
**5280 Foxridge Drive**  
**Mission, KS 66202**

SUBMIT 60 DAYS IN ADVANCE OF EVENT.  
 White Copy—Special Olympics Kansas  
 Yellow Copy—Area Director  
 Pink Copy—Area / Local Program