

**Fundraising Project Application For
Law Enforcement Torch Run®**



Date Received:

/ /

1. Law Enforcement Agency: _____
2. Name of Project: _____
3. Event Date: _____ Place: _____
4. Project Chair: _____ Daytime Phone: _____
5. E-mail address: _____
6. Complete Description of Project: (Enclose appropriate material, price for tickets, registration forms etc.)

7. Check one:

- Checks will be made out to SOKS
 Checks will be made out to another party, but net proceeds will be forwarded to SOKS

8. Who will be the sponsor (if applicable)? _____

9. How do you plan to publicize the project? _____

10. Target amount to be raised:

Gross	\$ _____
Less Estimated Expenses (must be less than 30%)	\$ _____
Net Return to SOKS	\$ _____
Percent Returned (net % gross) (<i>net divided by gross = percent</i>)	_____ %

11. Describe how funds will be accounted for: _____

12. Will the Special Olympics name and/or logo be used? Yes No

If yes please attach supporting material.

13. Is this an annual project? Yes No

14. If yes, what was raised last year? \$ _____/gross \$ _____/net

Submit form to: LETR, 5280 Foxridge Drive, Mission, KS 66202 or fax to 913.236.9771 or email to letr@kssso.org. Visit www.kssso.org/LETR for more information. Thank you for your support of Special Olympics Kansas athletes!