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) _____________%
    (net divided by gross = percent)
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@ksso.org. Visit www.ksso.org/LETR for more information. Thank you for your support of Special Olympics Kansas athletes!