

Application to Host a Local Competition or Event

Special Olympics
Texas



This application is due one month prior to the competition or event and results are due to the area office 15 days after the date of competition. Please submit this form to your Area/Program Director.

APPLICANT INFO		
Area	Delegation Code	Delegation Name
Organization (submitting application)		
Address		
City	State	Zip
Phone ()		
Name of Event Organizer		
Address		
City	State	Zip
Email	Day Phone ()	
Night Phone ()	Cell Phone ()	

COMPETITION/EVENT INFO		
Name of Event	Date of Event	
Facility for Event		
Address		
City	State	Zip
Phone ()		
Areas/Teams Involved		
Sport(s)/Activities Offered		
Do you have an emergency plan available? <i>(If yes, please attach.)</i> <input type="radio"/> Yes <input type="radio"/> No		
Have you reviewed local competition and insurance requirements? <input type="radio"/> Yes <input type="radio"/> No		

REMINDER OF ACTIVITIES NOT COVERED BY SOTX INSURANCE

These may NOT be a part of competition/event: aircraft, construction activities, fireworks, hot air balloons, inflatables, mechanical amusement rides, rock climbing walls, skydiving, and watercraft (longer than 75 feet).

APPROVED BY	
Area/Program Director Printed Name	
Signature	Date