

Motor Activities Training Program (MATP) Challenge Day Request

Special Olympics
Texas



Submit four weeks prior to Challenge Day.

Name of Teacher	
School	
Address	City/State/Zip
Phone	Email
Date Requested	Time (with a.m./p.m.)
Alternate Date Requested	Time (with a.m./p.m.)
Number of Students to Participate	Number of Guests Expected
Social after Challenge Day <input type="radio"/> Yes <input type="radio"/> No	
What is needed for the social?	

Name of Principal	
Signature of Approval	Date

Name of Special Olympics Texas Area Director	
Signature of Approval	Date

It is the teacher's responsibility to complete this form and obtain approvals from all of the above individuals. Special Olympics Texas will contact you once all approvals are in place to confirm the date.