

**Volunteer Registration Form
 Special Olympics Connecticut, Inc.
 2010 Fall Sports Festival
 Bocce Tournament
 September 11, 2010 – West Haven**



Special Olympics

First Time Volunteer? Yes <input type="checkbox"/> No <input type="checkbox"/>		E-Mail:	
Last Name:	First Name:	Middle:	Date of Birth:*
Address:		City/State:	Zip:
Day Phone:	Evening Phone:	Corporation / Agency / School:	

*Anyone under the age of 15 must be accompanied by an adult.

**Bocce Tournament
 Savin Rock Park, West Haven
 Saturday, Sept. 11th only**

Official
 7:30 a.m. to 5:00 p.m.

*Special Olympics
 Connecticut*

Please return this form to:

Katie Femiak Special Olympics Connecticut Hamden, CT 06517 E-Mail:
 Volunteer Manager 2666 State Street Suite 1 Fax: 203.230.1202 kathrynf@soct.org

All volunteers will receive a confirmation letter prior to the games confirming their assignment, with Directions and volunteer check-in procedures. All volunteers must check in at the Volunteer Registration area and present a photo I.D. upon arrival. Specific volunteer assignments will be given the morning of each day. All volunteers will receive a lunch and a Volunteer t-shirt. By submitting this form you are also granting Special Olympics Connecticut permission to use your likeness, voice, and words in television, radio, or in any form to promote activities of Special Olympics Connecticut.