

***Volunteer Registration Form
Special Olympics Connecticut, Inc.***

Event: School Tournament - Unified Sports™

Place:

Date:

Time:

First Time Volunteer ___ Yes ___ No

Last Name _____ First _____ Middle _____

Address _____ City _____ Zip _____

Day Telephone _____ Evening Telephone _____

Date of Birth _____ School / Agency _____

Please Check Preference

___ Registration	<i>General Volunteer Opportunities</i>	___ Food
___ Awards		
___ Set-up	___ Team Escort	___ MC

Sports Specific Opportunities

___ Scorekeeper	___ Officiating
___ Skill Testing	___ Basic Sport Skills

Return this form to:

Lou Pear
Director, Unified Sports™
CAS-CIAC Office
30 Realty Drive
Cheshire, CT 06410
Telephone (203) 250-1111 / Fax (203) 250-1345
E-mail: lpear@casciac.org