

LETR Participation Form

Department / Agency: _____

Contact Person: _____

Phone: _____

E-Mail: _____

Event Title:

- | | |
|---|--|
| <input type="checkbox"/> Red Robin Tip a Cop (October) | <input type="checkbox"/> Tip a Cop - Other |
| <input type="checkbox"/> Bagging for Bucks - Albertsons - July | <input type="checkbox"/> Bagging for Bucks - Other |
| <input type="checkbox"/> Fueling Dreams Maverik (September) | <input type="checkbox"/> Fueling Dreams Other |
| <input type="checkbox"/> Torch Run (Regional and State Games) | |
| <input type="checkbox"/> Dumpster Dive/ Penguin Plunge | |
| <input type="checkbox"/> Department / Facility Fundraising (Inmate Fundraisers, Champions at Work, Monthly Giving) | |
| <input type="checkbox"/> Awards / Games Volunteer (Handing out ribbons/medals, other games volunteer roles) | |
| <input type="checkbox"/> Other (Torch Toll, Strikes for Special Olympics, Building Sit, Car Raffle Tickets..... _____ | |
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Location of Event: _____

Date (s): _____

Hours: _____

What Resources or Help do you need from Special Olympics Idaho?

- Marketing Material (Poster, Brochure, Press Release)
- FirstGiving Website (Online Fundraising)
- Incentive Prizes
- Other _____
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* Please mail this form to or fax to (800) 915-6510 or email to shannon@idso.org:
Special Olympics Idaho
Attn: Shannon
199 E 52nd St
Garden City, ID 83714