



Local Program Web Posting Request

To change the web posting on www.vtso.org/about_local_programs.php

SOVT Staff will update when we receive this information.

Program Coordinators are the only persons that should complete this form.

Please Print Clearly

Delegation/Program: _____

Program Coordinator: _____

Name of contact person listed on the web: _____

(if same as coordinator leave blank)

E-mail to be listed on web: _____

(if none leave blank)

Sports: (please circle)

Athletics	Unified Bowling
Alpine Skiing	Cross Country Skiing
Aquatics	Golf
Basketball	Snowshoe
Bocce	Soccer
Team Bowling	Softball
Individual Bowling	

Approximate number of athletes: _____

Approximate number of partners: _____

Approximate number of coaches: _____



Program needs: (besides money, time, etc.) This is where we will send folks that are looking to give, we will not be actively searching for the things on your list.

Equipment: (short list 1-5 items, they will contact you with more question You can use another page.)

Practice field: (what sport(s), what area)

Specific jobs: (Basketball Coach, Fundraising Event Manager, financial, etc.)
Please include a short job description.

ETC. (What are we not thinking of?)

Please return this form to Cindy Elcan

Special Olympics Vermont

368 Avenue D, Suite 30

Williston, VT 05495