LETTR Participation Form

Department / Agency: ____________________________________________________________

Contact Person: ________________________________________________________________

Phone: _______________________________________________________________________

E-Mail: _______________________________________________________________________

Event Title:

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

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 _____________________________________________________________________

_____________________________________________________________________________

* 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