



Officials Registration Form

Registration No- _____ BiB.No _____ Date:- _____	Affix a Photo Here
<u>PERSONAL:</u> Last name: _____	
First Name: _____	
Middle name: _____	
Date of Birth - _____ Gender: _____	
Diet: _____ Emergency contact: _____	
Resident Address: _____	
City : _____ State : _____	
Country: _____ Postal / zip code: _____	
E-mail: _____	
Home / Business Phone Number _____ Mo-Number: _____	
<u>SPECIAL:</u> Nationality: _____	
Place Of Birth : _____	
<u>Language Spoken:</u> Primary:- _____	
Secondary: (List All) _____	
Passport No. _____	
<u>CERTIFICATION:</u> <i>1. PERSONAL PROFILE:</i> Year of Join Special Olympics: _____	
National Games Attended: _____	
World Games Attended: Winter Games: _____ Summer Games: _____	
Other sports Participated: _____	
Sports Coached: _____	
Comments: _____	

Hobbies: _____

How has special olympics changed your life: _____

2.SPORTS :

Last Course you conducted for Special Olympics: _____

Date : _____ Location: _____

Certified Sports: _____ Additional (Management): _____

Competition: _____ Training Location: _____

3.CONSENT

Signature: _____ Date: _____ Signed by: _____

4.VOLUNTEER BACK GROUND

Date submitted: _____ Date complete: _____

Status: _____

Comments: _____

For Office Use Only:

Date Received: _____

Date Processes: _____

GMS Basic ID:

Notes / Comments:

Please Return This Form To:
