



SPECIAL OLYMPICS INDIANA MOVBAND AGREEMENT

Today's Date:

County Program:

Name of individual receiving Movband:

By signing below, I confirm that I have received a Movband through Special Olympics Indiana. Further, I agree that if I become inactive for 6 months or if the Movband is lost or stolen, the county will be charged the following nonrefundable fee:

- Movband 4: \$40
- Movband 2: \$30

Signature of MovBand Recipient _____

Date Signed _____

TO BE SIGNED BY SO Indiana County Representative:

By signing below, I confirm that I have distributed a MovBand to the named recipient and understand that my county program will ultimately be responsible for the fee indicated above should the required participation conditions not be met by the athlete:

Signature: _____

Printed Name: _____

Date Signed: _____

FOR SO Indiana STATE OFFICE USE ONLY:

Received by: _____

Date Received: _____