

UNIFIED FITNESS CLUBS ROSTER FORM

Copy form as needed.

Special Olympics Indiana 6200 Technology Center Drive, Suite 105
Indianapolis, IN 46278 | Fax (317) 328-2018 | fitness@soindiana.org



SPECIAL OLYMPICS
UNIFIED
FITNESS CLUBS
INDIANA



GENERAL INFORMATION

PROGRAM NAME: _____

AREA: _____

COUNTY COORDINATOR: _____

CELL PHONE: (_____) _____

CLUB INFORMATION

Club Leader: _____

Club Name: _____

EMAIL: _____

CLUB MEETING SCHEDULE

CELL PHONE: (_____) _____

When: _____

Club Leader: _____

Where: _____

EMAIL: _____

Time: _____

CELL PHONE: (_____) _____

How often: _____

LIST OF CLUB MEMBERS

NAME (FIRST NAME LAST NAME)	FITNESS DEVICE	ROLE
1.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
2.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
3.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
4.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
5.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
6.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
7.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
8.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
9.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
10.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
11.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
12.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
13.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
14.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
15.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
16.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
17.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
18.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
19.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
20.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner

CONFIDENTIALITY NOTICE

This communication is for the sole use of the intended recipient(s) and may contain information that is confidential, privileged, or otherwise exempt from disclosure under applicable law. If you are not the intended recipient(s), the dissemination, distribution, or copying of this message is strictly prohibited. If you have received this communication in error, please contact the sender immediately and destroy all copies of the original message and any attachments. Receipt by anyone other than the named recipient(s) does not constitute a waiver of any applicable privilege.