

LETR MEMBER FORM

Return completed form to Special Olympics Indiana, 6200 Technology Center Dr.
Suite 105 Indianapolis, IN 46278; Fax (317)328-2018; tthomas@soindiana.org

Contact: Thaddeus Thomas (317) 799-1045

Agency Member:

Name of Agency: _____

LETR Coordinator: _____

Mailing Address: _____

City: _____ Zip: _____

Preferred Phone: (____) _____ Cell Work Home

Fax: (____) _____ Email: _____

Member Type: New Member Change in LETR Coordinator

Check Interests: Plane Pull Polar Plunge Present Medals Final Leg Run Tip-A-Cop

Agency Event Other _____

Terms of Participation:

1. Appoint an LETR Coordinator who submits this form to Special Olympics Indiana.
2. At least one officer represents the agency at the annual Kick-off Conference held in March.
3. Set fundraising goals. By registering to be a local LETR program, the agency will have an annual **goal** to raise at least \$1,000 for Special Olympics Indiana.
4. Work with fellow officers and members of the community to plan and implement local fundraising activities according to Special Olympics Indiana policies and procedures.
5. Participate in at least one statewide LETR fundraising project (*Plunge, Plane Pull, Torch Run, Tip-A-Cop, etc.*).
6. Volunteer or otherwise support the activities of local Special Olympics programs in your area/Indiana.

Agreement: I verify that I have reviewed the information on being a member of the LETR program and agree to abide by the Terms of Participation as outlined above.

Signature: _____ Date: _____

Supervisor's Name (for recognition purposes): _____

(Optional) How did your agency become interested in participating in the Law Enforcement Torch Run?
