

## **SPECIAL OLYMPICS LOCAL GAMES SANCTION FORM**

This form is for use for **local events only**. This includes events which are for local athletes only and events to which other groups in your region or other regions have been invited but which does not have the status of a Regional Competition. A different form should be completed for Regional or National Competitions.

### **A. INTRODUCTION**

The purpose of the Special Olympics Games Sanction is to ensure that Games are conducted in accordance with the Official Special Olympics Sports Rules. This form must be completed if your group wishes to hold any Special Olympics event in order that sanction may be granted by Special Olympics Great Britain to use the name of Special Olympics, its logo, music and merchandise. This is also a requirement for our insurance to be valid.

### **B. ADVICE**

If you require any advice with any aspect of the sports rules or the organisation of the event the relevant National Sports Co-ordinator or a member of the SOGB Development Staff will be pleased to assist you. Please contact National Office in the first instance.

### **C. SUBMITTING THIS FORM**

This form must be completed in full and forwarded to National Office at least 28 days prior to the date of the Games.

### **D. EVENT DETAILS**

1. Group Name: \_\_\_\_\_

2. Name of Games: \_\_\_\_\_

3. Games Contact: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Email Address: \_\_\_\_\_

Tel: (day) \_\_\_\_\_ Tel: (eve) \_\_\_\_\_

4. Games Site: \_\_\_\_\_

5. Date(s) of Games: \_\_\_\_\_

6. Person in charge of PR for the event: \_\_\_\_\_

Contact Details: email: \_\_\_\_\_

telephone: \_\_\_\_\_

7. Sports Offered: (please tick)

- |                |                          |              |                          |
|----------------|--------------------------|--------------|--------------------------|
| Athletics      | <input type="checkbox"/> | Golf         | <input type="checkbox"/> |
| Badminton      | <input type="checkbox"/> | Gymnastics   | <input type="checkbox"/> |
| Basketball     | <input type="checkbox"/> | Powerlifting | <input type="checkbox"/> |
| Boccia         | <input type="checkbox"/> | Sailing      | <input type="checkbox"/> |
| Cycling        | <input type="checkbox"/> | Swimming     | <input type="checkbox"/> |
| Equestrian     | <input type="checkbox"/> | Table Tennis | <input type="checkbox"/> |
| Football (5s)  | <input type="checkbox"/> | Tennis       | <input type="checkbox"/> |
| Football (11s) | <input type="checkbox"/> | Volleyball   | <input type="checkbox"/> |
| Other _____    |                          |              |                          |

7. Invitations outside our region have been extended to: \_\_\_\_\_

8. Anticipated number of athletes participating: \_\_\_\_\_

9. Number of officials and volunteers: \_\_\_\_\_

10. Are you using National Governing Body qualified officials YES  NO

11. Will you have a First Aid service YES  NO

**E. MERCHANDISE ETC.**

1. We will require SOGB merchandise to sell YES  NO   
(Please supply a completed merchandise order form)

National Office has equipment flags, banners etc. available for purchase or loan. A deposit may be required and it may be necessary for some items to be collected from and returned to National Office.

**F. DECLARATION**

I certify that the above events will be conducted in accordance with the current Official Special Olympics Sports Rules which I have read and understand.

\_\_\_\_\_  
Games Director

\_\_\_\_\_  
Regional Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

These Games are sanctioned and approved by  
Special Olympics Great Britain

\_\_\_\_\_  
Director of Sports and Services

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief Executive Officer

\_\_\_\_\_  
Date

***THIS FORM MUST BE FULLY COMPLETED AND SIGNED.***

PLEASE SEND BY RETURN TO:

**Special Olympics GB**

Corinthian House.

1st Floor

6-8 Great Eastern Street

London

EC2A 3NT