



Track 2 - SPORTS HISTORY APPLICATION

This form must be completed by coaches that desire to apply for sport certification in the "Sport Experienced Track" (Track 2). This application must be signed by the local program Training Coordinator and then be sent to the Sports Training Director before the coach should attend any training schools. The coach and the local program will receive written notification of the coach's approval for Track 2. Please be as specific as possible.

NAME: _____ PROGRAM/COUNTY: _____
ADDRESS: _____
CITY: _____ STATE; _____ ZIP CODE: _____
PHONE: Day () _____ Evening () _____ EMAIL: _____
SPORT IN WHICH YOU ARE APPLYING FOR; _____

1. List Relevant Experience to this Sport:

Coaching

Playing as an Athlete

Officiating

2. List Special Olympics Coaching Experience:

3. List any National Governing Body (NGB) Certifications or non-Special Olympic Certifications:

4. List any other relevant experience that you may have such as clinics/trainings:

I have verified that this person's information submitted is accurate and hereby recommend them for Track 2 Sports Certification.

Training Coordinator

____/____/____
Date

**All Applications must be reviewed and approved by the SOPA Training Director:
Please return to: sportstraining@specialolympicspa.org or fax to 814.234.7905**