



Team Arkansas Request to Travel Back with Family

- This form is to be completed and submitted to Jennifer Edwards by January 9, 2022
 - Cell – 501-940-0696
 - Email – Jennifer@specialolympicsarkansas.org
 - Fax – 501-771-1020

- By signing below, I agree to accept complete responsibility for _____ athlete/unified partner. Once the athlete/unified partner has been picked up, I understand that Special Olympics Arkansas will not be responsible or liable in any way for the athletes/unified partner travel back to Arkansas.

- Athletes/Unified Partners may be picked up after the conclusion of the Closing Ceremony on June 12th prior to delegation departure on June 13, 2022.

- Arrangements must be made individually with the athletes’ coach regarding the specific time and location of athlete pick-up.

- Athlete/Unified Partner Name (please print) _____

- Athlete/Unified Partner Signature _____ Date _____

- Parent or Guardian Name (please print) _____

- Parent or Guardian Signature: _____ Date _____

- Who will be picking up the athlete/unified partner? (please print) _____

- Relationship to Delegate: _____

- Visitor Cell Phone _____

For office use only:	
	_____ Approved
	_____ Not Approved
	_____ Staff Signature