Please complete the information below and return to Jennifer Grantham at jennifer@specialolympicsarkansas.org or by fax at 501-771-1020

Contact Date: ____________________________

Agency/School: __________________________

Meeting Date: ____________________________

Contact Person:

Name: ____________________________________

Phone number: ____________________________

Email Address: ____________________________
Present them with Young Athlete Packet
  - Circuit training layout
  - Activities guide
  - Live healthy booth information
  - Business cards
  - In red folders

Event Date__________________

How many Young Athletes will be at the event?__________________

How many Volunteers do you need?______________________________

Identify your live healthy booths
  - Nutrition
  - Dental
  - Hydration
  - Sun Safety
  - Hand washing

Does the school/agency have dieticians or nurses that would like to help with some of the Live Healthy booths?

Will parents come and volunteer?

Will your staff, teachers, aids, therapists be willing to help at the stations?

Tour the event site. Is it a good place to have all stations?

Signs, banners

Contact person
  - Agency name__________________________________________
  - Contact name_________________________________________
  - Phone number_________________________________________
  - Email address_________________________________________
Day of Event Checklist

☐ Station Directions for Circuit
  o Are they in plastic?
  o Do you have one for every event you are having?

☐ Young Athlete Equipment
  o Young Athlete Kit
  o Strider Bikes
  o Any other events you plan to add. (little tyke basketball, baseball tee and ball)

☐ Live Healthy
  Material /collateral for booths you are having
    ▪ Nutrition
    ▪ Apples
    ▪ Bananas
    ▪ Nutrition kit (plate and fake food)
  Dental
    ▪ toothbrushes
    ▪ tooth paste
    ▪ Dentist? Stuffed animal with big teeth and big toothbrush
  Hydration
    ▪ bottles of water
  Sun Safety
    ▪ chapstick w/spf,
    ▪ sun screen
    ▪ Baby doll to show how to apply sun screen
  Handwashing
    ▪ Hand sanitizer
    ▪ Sink to wash hands

☐ Did you contact the extension office?
☐ Signs and Banners
☐ Awards
☐ Volunteer Certificates
Young Athletes Field Day Summary

Date: ______________________________________
Location: ______________________________________

Please answer the following questions below with 1 being not positive and 5 being very positive.

1. Quality of the Activities?
   1  2  3  4  5

2. Stations appropriate for ages and abilities?
   1  2  3  4  5

3. Were the athletes engaged?
   1  2  3  4  5

4. Were the volunteers helpful?
   1  2  3  4  5

5. Did we provide quality equipment?
   1  2  3  4  5

6. Was the Special Olympics Arkansas staff helpful?
   1  2  3  4  5

7. Did the event flow smoothly?
   1  2  3  4  5

8. Rate your overall experience.
   1  2  3  4  5

Additional Comments: ____________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Signature: __________________________________________
Print Name: ______________________________________  Title: _________________________________