



AMVETS Department of Ohio Service Foundation Special Olympics Matching Funds

PLEASE PRINT

Post Name _____ Post # _____

Street Address _____ City _____ State _____ Zip _____

() _____ () _____
 Post Telephone _____ Contact Person _____ Home Telephone _____

List organizations that contributed or participated in your Special Olympics Event in any way:
 PLEASE PRINT

Date of Event _____ Total Number of Athletes _____

Type of Event _____

Area/Section _____ Area Coordinator _____

INCOME		EXPENSE	
ITEM	AMOUNT	ITEM	AMOUNT
TOTAL INCOME		TOTAL EXPENSE	
TOTAL INCOME minus TOTAL EXPENSE		NET	

 Signature of Post Commander

 Date

 Signature of Special Olympics Area Coordinator

 Date

REVISED July 15, 2001