



# KNIGHT COUNCIL REGISTRATION

Return completed form to Special Olympics Indiana; Email: [sstewart@soindiana.org](mailto:sstewart@soindiana.org);  
Attn:KofC 6200 Technology Center Drive, Suite 105 Indianapolis, IN 46278; Fax (317)328-2018

By: 8/1

### Council Special Olympics Knight Ambassador:

Council#: \_\_\_\_\_ District#: \_\_\_\_\_

Council Ambassador: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Phone: (\_\_\_\_)\_\_\_\_\_  Cell  Work  Home

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

**Check Interests:**  Polar Plunge  Competition Visit  Plane Pull  Council Event  Other  
\_\_\_\_\_

### Terms of Participation:

1. Appoint a Special Olympics Knight Ambassador who submits an Application to Special Olympics Indiana.
2. It is suggested one Knight Ambassador attend the annual Summit Meeting held in January.
3. Set an annual fundraising goal for Special Olympics Indiana.
4. Support Special Olympics Indiana by working with fellow council members to:
  - Form a Council Polar Plunge, Plane Pull and/or Summer Games team
  - Volunteering for your local Special Olympics County or Area events

**Agreement:** I verify that I have reviewed the information on being a Special Olympics Indiana Knight Ambassador and agree to complete these terms to the best of my ability.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**How** did your council become interested in becoming a member?  
\_\_\_\_\_

**What** past participation experience do you and/or your Council have with Special Olympics Indiana?  
\_\_\_\_\_

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