



LAW ENFORCEMENT TORCH RUN® SPECIAL EVENT REGISTRATION FORM

Please complete this form and mail to:
Special Olympics Montana
PO Box 3507
Great Falls, MT 59403

or email your information to:
tsappington@somt.org

Special Event Name

Participant's Name

Business, School, Agency or Team Name

Street Address

City

State Zip

Work Phone

Home Phone

E-Mail Address

Shirt Size

S M L XL XXL

Thank you for your support of Special Olympics Montana!

