

BADMINTON COMPETITION OFFICIALS APPLICATION FORM 2015 Special Olympics World Summer Games

MINIMUM QUALIFICATION: All applicants must be <u>currently active officials in Good Standing</u> with their National and/or International Federation. Further, an applicant must be certified by the <u>IBF as an International Official</u>, or by their <u>National Badminton Association at its highest rating level</u>. Officials experience with a Special Olympics badminton program is required. The 2015 Special Olympics World Summer Games will require a working commitment from 24 July – 2 August 2015.

SELECTION: If selected, the Games Organizing Committee will arrange and provide the cost of direct travel to and from Los Angeles, California, local transportation to & from competition venues, accommodations and meals. Officials housing has been designated at St. Mary's College. Selected officials may be housed in the double rooms/suites and paired with a roommate of the same gender. Any travel outside the dates of 23 July – 3 August 2015 will be the sole financial responsibility of the selected official. Anyone unable to meet these requirements, or make this commitment, should not apply.

PROCESSING: Please (1) Print or type in English, (2) Complete in its entirety, information must be verifiable (3) Retain a copy for your records, (4) Optional: Submit other supporting documentation, references, and other Special Olympics experiences to be considered under separate cover and (5) Do NOT fax this application.

SECTION	l 1 - PERSONAL DATA					
Name						
	Family	First		Gender (M/F)		
Mailing Address						
	Street		City			
	State/Province/Country		Postal Code			
Phone						
	(Country code)					
Fax			Email Address:			
	(Country code)					
SECTION	2 - CERTIFICATION INFORMAT	TON				
Certifying Organization		Country	Position/Level of Certification	Expiration Date		
	Federation: onal Badminton Federation -					
SECTION	3 - OFFICIATING EXPERIENCE					
	names of two (2) individuals who	can be consult	ed regarding your off	iciating ability.		
Name: Affiliation:		Nam Affil	Name: Affiliation: Address:			
Phone:	()	Pho Ema	ne: ()			

	ire			the officiating assignment for		
List most recent Year	Special Olympics badminton off Name of Compe			Assignment		
1 6 01	Name of Compe	CICIOI	<u> </u>	Assignment		
List most recent major competitions officiated outside of Special Olympics.						
Year	Name of Competition			Assignment		
application is tru the Selection C	m a currently active badminton ue to the best of my knowledge committee to contact individua ability. I certify that I am in good	e. As p als, in	oart of my app cluding obser	olication, I grant permission for vers, regarding my officiating		
Signature of App	licant		Date			
Signature of Des	ignee of Special Olympics Program,	/Sport	Federation	Date		
Name of Special	Olympics Program (please print)					
Please check if	applicable:	1	Please	e return by <u>1 July 2014</u> to:		
Athlete Official			Sports Training & Competition			
Athlete Official Mentor If a Mentor, please note your Athlete Official?			Mail: 1133 19 th Street NW Washington DC 20036 Email: <u>sprescott@specialolympics.org</u>			
			Receipt of appl	lication will be confirmed by email.		