



## CYCLING COMPETITION OFFICIALS APPLICATION FORM 2015 Special Olympics World Summer Games

**MINIMUM QUALIFICATION:** All applicants must be currently active officials in Good Standing with their National Cycling Federation. It is also required that officials have experience with a Special Olympics cycling program. 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 1 - PERSONAL DATA

Name			
	Family	First	Gender(M/F)
Mailing Address			
	Street	City	
	State/Province/Country	Postal Code	
Phone			
	(Country code)		
Fax			
	(Country code)	Email Address: _____	

### SECTION 2 - CERTIFICATION INFORMATION

Current rating level:

Level/Category	Country	License Number	Expiration Date
National Federation:	_____	_____	_____
UCI:	_____	_____	_____

### SECTION 3 - OFFICIATING EXPERIENCE

List the names of two (2) individuals who can be consulted regarding your officiating ability.

Name:	_____	Name:	_____
Affiliation:	_____	Affiliation:	_____
Address:	_____	Address:	_____
Phone:	( ) _____	Phone:	( ) _____
Email address:	_____	Email address:	_____

Number in order of your preference 1 through 3 (with 1 your highest priority), the officiating assignment for which you possess outstanding competence and experience.

\_\_\_ Judge  
\_\_\_ Referee

\_\_\_ Scorer  
\_\_\_ Starter

\_\_\_ Timer

List most recent Special Olympics cycling officiating experiences

Year	Name of Competition	Assignment

List most recent International and/or National level cycling officiating experiences outside of Special Olympics competitions.

Year	Name of Competition	Assignment

I certify that I am a currently active cycling official and that the information presented in this application is true to the best of my knowledge. As part of my application, I grant permission for the Selection Committee to contact individuals, including observers, regarding my officiating experience and ability. I certify that I am in good physical and mental health.

Signature of Applicant

Date

Signature of Designee of Special Olympics Program or Representative from Sport Federation Date

Name of Special Olympics Program (please print)

**Please check if applicable:**

Athlete Official \_\_\_

Athlete Official Mentor \_\_\_

If a Mentor, please note your Athlete Official?

\_\_\_\_\_

***Please return by 1 July 2014 to:***

Sports Training & Competition

Mail: 1133 19<sup>th</sup> Street

Washington DC 20036

Email: [sprescott@specialolympics.org](mailto:sprescott@specialolympics.org)

Receipt of application will be confirmed by email.