**SPECIAL OLYMPICS FUNfitness EVENT SUMMARY FORM**

Name of Event: Date(s) of Event:

Venue Location: Inside 🞏 Outside 🞏 FUNfitness Clinical Director:

Your name/contact information if you are not state/country clinical director:

**Volunteers**

**Please provide the numbers of volunteers who assisted during this event.**

Physical therapists Physical therapist assistants

Physical therapist students Physical therapist assistants students

Parents Others

**Participant Tallies**

**Please provide the numbers of participants screened in the event.**

Athletes competing Athletes screened

Athletes referred for additional services

Data Entry Plan:

Who will enter Data:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When will data entry be completed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Professional Education Programs**

Please list all PT and PTA educational programs that participated in the event and a contact person for each program.

**Community Organizations**

Please list all community organizations and groups that supported your event.

**Publicity and Sponsors**

Please list the key publicity that your event received (local press, notice in trade journals, article in magazine) — attach samples if available.

Please list all sponsors and their donations: