**CERTIFICATE OF COMPLETION**

*In recognition of*

ATHETE NAME

*for successfully completing the Special Olympics Fitness Captain Training, and committing to encourage and empower their teammates to be healthy and fit.*

**

**

**GWENDOLYN APGAR**

*Manager, Fitness for Sports Performance*

*Special Olympics International*

**YOUR NAME HERE**

*Your Title Here*

*Your Program Name Here*



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