**CERTIFICATE OF COMPLETION**

*In recognition of*

COACH NAME

*for successfully completing the Special Olympics Fitness Captain Training, and committing to support their athletes to fulfill their duties as a Fitness Captain.*

**

**

**GWENDOLYN APGAR**

*Senior Manager, Fitness for Sports Performance*

*Special Olympics International*

**YOUR NAME HERE**

*Your Title Here*

*Your Program Name Here*



**