



LTP Event Request

All events using the Special Olympics Louisiana, Inc. name and/or logo must receive prior approval.

REQUESTS FOR APPROVAL WILL BE PROCESSED WITHIN 10 BUSINESS DAYS

To be completed by designated LTP representative. Submit to bbanos@laso.org

Date:		LTP:	
Prepared by:			
Phone:		Email:	
Event Date:			
Event Type: <input type="checkbox"/> Fundraiser <input type="checkbox"/> Competition <input type="checkbox"/> Other <i>(explain):</i>			
Event Name:			
Event Description:			
Projected Expense:		Projected Revenue:	Projected Net Income:
Does this project involve the sale of items bearing the Special Olympics Louisiana logo? <i>If yes, please attach a draft of the design you would like to use.</i>			
Does the facility/organization require a certificate of insurance listing them as a holder? <i>If yes, complete the "Request for Certificate of Insurance" Form. If no, provide the facility/organization with the Special Olympics Louisiana general certificate of insurance.</i>			
Will alcohol be served? <i>If yes, Special Olympics Louisiana may be required to file for a temporary liquor license and obtain an additional liability rider with our insurance provider. Any cost associated with this will be billed to the local Program.</i>			
Will there be a raffle or any type of gaming at the event? <i>If yes, Special Olympics Louisiana may be required to file for a temporary gaming license. Any cost associated with this will be billed to the local Program.</i>			
<i>To be signed by local Area representative</i>			
Authorized Signature:			

To be completed by SOLA staff

Approved by <i>(print)</i> :	
Signature:	Date:
Approved	Denied Reason: