2018 NJ SPECIAL OLYMPICS OPENING EYES VOLUNTER REGISTRATION FORM

PLEASE PRINT CLEARLY

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TITLE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GENDER: \_\_\_ Female \_\_\_\_Male

(needed for Campus townhouse accommodation & Hotel accommodation purposes)

(townhouses and hotel rooms are limited)

Overnight accommodation Needed \_\_\_ Yes or \_\_\_No

 \_\_\_\_Friday Night \_\_Saturday night or \_\_\_\_Both Nights

Optometry Student year completed: 1st 2nd 3rd 4th Attending School\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FAX:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I WILL ATTEND (please check)

\_\_\_\_Friday Evening 6-8-18 Opening Ceremony 7:30pm

\_\_\_\_Saturday 6-9-18 Program 8:00 am – 5 pm

\_\_\_\_Saturday Annual Dinner 6-9-18 immediately after screening

\_\_\_\_Sunday 6-10-18 Program 7:00 am – 2 pm

FAX to Edna Mckinney 609-323-4014 or email: emckinney@njsop.org