

VOLUNTEER REGISTRATION FORM
2019 SPECIAL OLYMPICS OPENING EYES PROGRAM
SATURDAY MAY 18, 2019
OLYMPIC TOWN-DAVID LIPSCOMB UNIVERSITY

_____ I will bring a car and can assist with transportation of people.

_____ I do need lodging. Arrive: 5/___/19 Depart: 5/___/19

(Please indicate T-shirt size)

_____S _____M _____L _____XL _____XXL _____XXXL

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Please mail, email or fax back to:

TAOP
2727 Branford Ave.
Nashville, TN 37204
800-451-2438
Fax: 615-269-5986
Email: lesley@taoponline.org