

NEW YORK SPECIAL OLYMPICS, INC.

**SPECIAL REQUEST
FOR SONY COACH CERTIFICATION**

Name: _____

Address: _____

Years with

SONY: _____

Request Recommended by: _____ Area #: _____

Sport in which you want certification: _____

Coaching Experience (sports, levels) outside Special Olympics: _____

Competitive Experience in sport listed above: _____

Experience that you have with Mental Retardation: _____

Experience that you have with SONY: _____

Professional Preparation (list degrees and concentration): _____

Applicant's signature: _____

References: _____

Approved: _____ Date: _____

Disapproved: _____ Date: _____