

PLEASE RETURN THIS COMPLETED FORM TO THE CHAPTER OFFICE

Special Olympcis Kentucky

105 Lakeview Court

Frankfort, KY 40601-8749

1-800-633-7403

Area _____ Head of Delegation _____

Delegation/Local Program Name _____

BANK/FINANCIAL INSTITUTION RECORDS

Checking Account Name as it appears on your statement:

Account Number _____

Financial Institution _____

Address _____ City _____ State _____ Zip _____

Phone Number _____

Authorized Signatures _____

BOOKKEEPER/TREASURER FOR LOCAL ACCOUNT

Name _____

Address _____

City _____ State _____ Zip _____

Work Phone () _____ Home Phone () _____

E-mail Address _____

SCHOOL ACCOUNT

Name of School where Special Olympics funds are maintained:

_____ Phone _____

School Address _____ City _____ State _____ Zip _____

Bookkeeper/Treasurer Name: _____

Phone: () _____ Is the school account audited on a regular basis? _____