



# 2024 Law Enforcement Torch Run Registration Form

Date: \_\_\_\_\_

Department/Agency: \_\_\_\_\_

LETR Department Coordinator: (Including Title) \_\_\_\_\_

Secondary Contact Name: \_\_\_\_\_

Mailing Address (NO PO BOXES): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

*\*REQUIRED*

Department Coordinator Email: \_\_\_\_\_

*\*REQUIRED*

Secondary Contact Email: \_\_\_\_\_

*\*SUGGESTED*

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Send the returned form to Meredith-Elizabeth Crum at  
MEC@specialolympicsga.org

<b>For Official Use Only</b>
Kickoff: _____
ID# _____
Date Rec: _____
Date Entered: _____
Initials: _____

