



2025 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: _____

For Official Use Only

Kickoff: _____

ID# _____

Date Rec: _____

Date Entered: _____

Initials: _____

Send the returned form to Conner King at
Conner.King@SpecialOlympicsGA.org