

2020 NJ SPECIAL OLYMPICS OPENING EYES VOLUNTER
REGISTRATION FORM

PLEASE PRINT CLEARLY

NAME: _____

TITLE: _____

Overnight Townhouse accommodations are for any volunteer that volunteers for both Saturday & Sunday)
Hotel rooms (for OD's). All overnight stay accommodations are for individuals that travels over 45 minutes one way
Townhouses & hotel rooms are limited) overnight stay accommodation deadline April 30

GENDER: ____ Female ____ Male

Overnight stay needed ____ Friday Night ____ Saturday Night ____ Both Friday and Saturday Night

Optometry Student year completed: 1st 2nd 3rd 4th Attending School _____

Address: _____

Phone: _____

EMAIL: _____

I WILL ATTEND (please check)

____ Friday morning Set up 10 am -3pm

____ Friday Evening 6-5-20 Opening Ceremony 7:30pm

____ Saturday 6-6-20 Program 7:00 am – 5 pm

____ Saturday Annual Dinner 6-6-20 immediately after screening

____ Sunday 6-7-20 Program 7:00 am – 3 pm

FAX to Edna McKinney 609-323-4014 or email emckinney@njsop.org

Any questions call Edna McKinney 609-323-4012 Ext. 114