



**Fundraising Project Application For  
Law Enforcement Torch Run®**

Date Received:  
\_\_\_\_/\_\_\_\_/\_\_\_\_

- 1. Law Enforcement Agency: \_\_\_\_\_
- 2. Name of Project: \_\_\_\_\_
- 3. Event Date: \_\_\_\_\_ Place: \_\_\_\_\_
- 4. Project Chair: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_
- 5. E-mail address: \_\_\_\_\_
- 6. Complete Description of Project: (Enclose appropriate material, price for tickets, registration forms etc.)  
\_\_\_\_\_  
\_\_\_\_\_

- 7. Check one:
  - Checks will be made out to SOKS
  - Checks will be made out to another party, but net proceeds will be forwarded to SOKS

- 8. Who will be the sponsor (if applicable)? \_\_\_\_\_
- 9. How do you plan to publicize the project? \_\_\_\_\_

10. Target amount to be raised:

Gross	\$ _____
Less Estimated Expenses (must be less than 30%)	\$ _____
Net Return to SOKS	\$ _____
Percent Returned(net % gross) <i>(net divided by gross = percent)</i>	_____ %

- 11. Describe how funds will be accounted for: \_\_\_\_\_

- 12. Will the Special Olympics name and/or logo be used?    Yes     No   
    If yes please attach supporting material.

- 13. Is this an annual project?    Yes     No

- 14. If yes, what was raised last year? \$ \_\_\_\_\_/gross    \$ \_\_\_\_\_/net

**Submit form to:** Special Olympics Kansas, 5280 Foxridge Drive, Mission, KS 66202  
Fax: (913) 236-9771    E-mail: [LETR@kssso.org](mailto:LETR@kssso.org)