Kansas Law Enforcement Torch Run
Special Event Form

Incentive credit cannot be provided without this form

Name of Event: ______________________________ Date of Event: ______________

Is this a first-year event? ☐ Yes ☐ No If no, how many years in existence? ______________

Do you plan on having this event next year? ☐ Yes ☐ No If yes, what is the date? ______________

Name of Event Organizer: ______________________________ Phone ______________

Agency: ______________________________ E-mail: ______________________________

Expenses	
Description	**Amount**
Total Expenses	

In Kind Contributions	
Description	**Amount**
Total In-Kind Contributions	

Revenue	
Description	**Amount**
Total Revenue	

Total Revenue ______________

Less Total Expenses ______________

Total Profit ______________

Name of Officer	New Participant Y/N	Agency	County	Area #	# of Vol Hours	Total Raised

TOTAL:

Deposit all monies at the nearest Bank of America into the LETR Account. Make a copy of the deposit slip. Mail or fax a copy of the deposit slip, the completed Special Event Form, and any expense receipts to SOKS and your Regional Coordinator. If you are not near a Bank of America give all monies, expense receipts and the form to your Coordinator. Checks should be made payable to Special Olympics Kansas.