



AMVETS Department of Ohio Service Foundation Special Olympics Matching Funds

PLEASE PRINT

Post Name _____ Post # _____

Street Address _____ City _____ State _____ Zip _____

() _____ () _____
Post Telephone _____ Contact Person _____ Home Telephone _____

List organizations that contributed or participated in your Special Olympics Event in any way:

Date of Event _____ Total Number of Athletes _____

Type of Event _____

Area/Section _____ Area Coordinator _____

INCOME		EXPENSE	
ITEM	AMOUNT	ITEM	AMOUNT
TOTAL INCOME		TOTAL EXPENSE	
TOTAL INCOME minus TOTAL EXPENSE		NET	

Signature of Post Commander

Date

Signature of Special Olympics Area Coordinator

Date