



## Application for Level III Coach – Master Coach

Please print clearly or type information below and return to the Special Olympics Colorado State Office.

**The form MUST be filled out in its entirety to be considered for certification.**

Name:	Address:		
City:	State:	Zip:	
Home Phone:	Cell Phone:		
Email Address:	Male ( )	Female ( )	Shirt Size:
Local Program:	Sport(s):		

If your address has changed since your last certification please check here:

**Requirements:**

**1. LEVEL I COACHING CERTIFICATION:**

I received my Level I Coaching Certification. Date: \_\_\_\_\_

**2. LEVEL II COACHING CERTIFICATION:**

I received my Level II Coaching Certification. Date: \_\_\_\_\_

**3. FIRST AID/CPR TRAINING**

I received my First Aid/CPR Training with Special Olympics.

Location: \_\_\_\_\_

First Aid:      Date received \_\_\_\_\_ Date Expires \_\_\_\_\_

CPR:            Date received \_\_\_\_\_ Date Expires \_\_\_\_\_

I received my First Aid/CPR Training through an outside agency.

Location: \_\_\_\_\_

First Aid:      Date received \_\_\_\_\_ Date Expires \_\_\_\_\_

CPR:            Date received \_\_\_\_\_ Date Expires \_\_\_\_\_

**Additional Information:**

How many Special Olympics Sports do you coach?		How many sports are you certified?	
Please check box if you are a SOCO athlete who is becoming a coach			

By signing below I certify that all of the above information is correct and that I have completed all requirements to satisfaction. I hereby request Special Olympics Colorado Level III certification in the sport listed above.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Coordinator or Area Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Please return to Director of Coaches Education  
 Special Olympics Colorado, 384 Inverness Parkway, Suite 100, Englewood, CO 80112  
 Email: [zwarner@specialolympicsco.org](mailto:zwarner@specialolympicsco.org)  
 Fax: 303.592.1364