



Coordinator Update Form

Department: _____

Coordinator: _____

Mailing Address: _____

City: _____ ZIP: _____

Shipping Address: _____

(Note: Please no P.O. Boxes, we need a physical address where UPS can deliver packages)

City: _____ ZIP: _____

Phone Number: () _____ - _____ FAX: () _____ - _____

Email: _____ @ _____

Name of Chief/Sheriff/Facility Administrator:

Email: _____ @ _____

_____ I am a new Torch Run coordinator for my department this year

_____ I am a returning Torch Run Coordinator Number of years _____

_____ Our department does not currently raise funds for Special Olympics but we are interested in receiving more information

_____ Our department is only interested in receiving information on running the torch in our area.

Please fax or mail this form to Dot Kohlbach at:

SONC
Suite 201, 2200 Gateway Center Blvd
Morrisville, NC 27560
FAX 919-719-7663
Or, scan and email to dkohlbach@sonc.net