**Area Sports Plan Approval Form**

|  |  |
| --- | --- |
| Area Program: |  |
| Person Completing Form: |  |
| Role in Area Leadership: |  |
| Email: |  |
| Phone Number: |  |
| Please list all sports/activities your Area plans to offer between April 1, 2021 and September 3, 2021.  |
| Sport | Time Period being offered (Month-Month) | Proposed Practice Days | Proposed Training Site |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| List all safety measures you have put in place that conform to the Special Olympics VirginiaReturn to Activities Document to assure the utmost safety at all training sessions. |
|  |

All plans should then be submitted to the Region Director for your Area. Individual coaches or volunteers should submit any individual plans to their Area Coordinator or Chair