**Area Sports Plan Approval Form**

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| 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 |
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| List all safety measures you have put in place that conform to the Special Olympics Virginia  Return to Activities Document to assure the utmost safety at all training sessions. | | | | |
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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