



# Special Olympics Illinois Order Form for Family Credentials



**ATTENTION: PLEASE PRINT CLEARLY WHEN FILLING OUT THIS FORM**

*(Not printing legibly could result in a significant delay in receiving your credentials.)*

**Name:** \_\_\_\_\_  
*(Name of person filling out form)*

**Mailing Address:**

**Street:** \_\_\_\_\_ **Apt. #:** \_\_\_\_\_

**City, State & Zip:** \_\_\_\_\_

**Daytime Phone #:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Badge Information:**

**Athlete(s) Name:** \_\_\_\_\_ **Area:** \_\_\_\_\_

**First and Last Name of Family Member/Friend:\***

*Example: John Smith*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Title:**

*Proud Dad*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*\*Please do not list athletes; these credentials are for family & friends only.*

**Total Number of Credentials** \_\_\_\_\_

<b>Mail to: Special Olympics Illinois</b>
<b>605 E. Willow St.</b>
<b>Normal, IL 61761</b>
<b>Phone: 309-888-2551 Fax: 309-888-2577 Email: kmilligan@soill.org</b>