



SPECIAL OLYMPICS VIRGINIA REGISTERED TRAINING PROGRAM FORM (R.T.P.) Revised 9/3/10

For office use only
RTP#: _____
Date Received: _____
Season: _____
Year: _____
Revision <input type="checkbox"/>

DIRECTIONS: Return the completed form within the first month of the season to your Region Director:

SHENANDOAH

P.O. Box 1906
Harrisonburg, VA 22801
dleake@specialolympicsva.org

PIEDMONT

634-A Wyndhurst Dr.
Lynchburg, VA 24502
mcamire@specialolympicsva.org

POTOMAC

11350 Random Hills Rd., Suite C140
Fairfax, VA 22030
egarvey@specialolympicsva.org

SOUTHWEST

P.O. Box 153
Blacksburg, VA 24063
nmorehouse@specialolympicsva.org

RAPPAHANNOCK

1931 Plank Rd., Suite 106
Fredericksburg, VA 22401
bstevens@specialolympicsva.org

TIDEWATER

184 Business Park Dr., Suite 202
Virginia Beach, VA 23462
cearnshaw@specialolympicsva.org

JAMES RIVER

3212 Skipwith Rd., Suite 100
Richmond, VA 23294
tandes@specialolympicsva.org
fmiller@specialolympicsva.org

RTP Form can be downloaded from the SOVA website at www.specialolympicsva.org

PLEASE PRINT OR TYPE ALL INFORMATION

Head Coach Name:	Area #:	Local:
Street Address:		
City/State/Zip:		
Home Phone: ()	Work Phone: ()	
E-mail address:		

SPORT COMPONENT (CIRCLE ONE SPORT ONLY)

ALPINE SKIING	EQUESTRIAN	POWERLIFTING	SWIMMING SKILLS
AQUATICS (SWIMMING)	FIGURE SKATING (ICE)	ROLLER SKATING	TENNIS
ATHLETICS (TRACK & FIELD)	FLOOR HOCKEY	SAILING	TENNIS SKILLS
BASKETBALL - SKILLS	GOLF SKILLS (Level 1)	SOCCER – SKILLS	VOLLEYBALL – SKILLS
BASKETBALL HALF-COURT	GOLF – LEVEL 2	SOCCER (5 V 5)	VOLLEYBALL – MODIFIED TEAM
BASKETBALL FULL COURT	GOLF – LEVEL 3	SOCCER (7 V 7)	VOLLEYBALL - TEAM
UNIFIED BASKETBALL FC	GOLF – LEVEL 4	SOCCER (7 V 7) UNIFIED	VOLLEYBALL- TEAM-UNIFIED
BOCCE	GOLF – LEVEL 5	SOFTBALL - SKILLS	WHEELCHAIR ATHLETICS
BOWLING	GYMNASTICS	SOFTBALL - TEAM	Young Athlete Program (Ages 2-5)
CHEERLEADING	MOTOR ACTIVITIES	SOFTBALL – TEAM- UNIFIED	Young Athlete Program (Ages 6-7)
CYCLING	NORDIC SKIING	SPEED SKATING (ICE)	

Special Olympics requires a **minimum eight week training period** prior to State Level Competition. Please indicate the following information:

Starting Date of Training:	Ending Date of Training:
Typical Weekly Training/Practice Day(s):	
Facility:	City:

