

2016 NJ SPECIAL OLYMPICS OPENING EYES VOLUNTER  
REGISTRATION FORM

PLEASE PRINT CLEARLY

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

GENDER: \_\_\_\_ Female \_\_\_\_ Male

(needed for Campus townhouse accommodation & Hotel accommodation purposes)  
(townhouses and hotel rooms are limited)

Overnight accommodation Needed \_\_\_\_ Yes or \_\_\_\_ No  
\_\_\_\_ Friday Night \_\_\_\_ Saturday night or \_\_\_\_ Both Nights

Optometry Student year completed: 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> Attending School \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

I WILL ATTEND (please check)

\_\_\_\_ Friday Evening 6-10-16 Opening Ceremony 7:30pm

\_\_\_\_ Saturday 6-11-16 Program 8:00 am – 5 pm

\_\_\_\_ Saturday Annual Dinner 6-11-16 immediately after screening

\_\_\_\_ Sunday 6-12-16 Program 7:30 am – 2 pm

FAX to Edna Mckinney 609-323-4014 or email:  
emckinney@njsop.org

