



Tip-A-Cop/Event Report Form

Date: _____

Special Olympics County Program: _____

Contact: _____

Phone: _____

Event Date(s): _____

Location: _____

Name of coach, athlete, parent, and/or volunteer who participated in the event:
(Please list by event, use reverse side if needed)

Law Enforcement Agency: _____

Law Enforcement Contact: _____

Please attach press releases, letters to coaches, and or any printed materials that your county produced.

E-Mail or fax report form to:

Special Olympics Florida
Ken Roop, Torch Run Director
kenroop@sofl.org
352-243-9568 (fax)
813-508-6905 (cell)