



Input Council Member Application:

1.) Name _____

2.) Email _____

3.) Phone Number _____

4.) Address _____

5.) Area _____

6.) Delegation _____

7.) How long have you been an Athlete? _____

8.) Why do you want to be a part of the Input Council? _____



When this form is completed please send this application to Bruce Clarke at Bruce@SpecialOlympicsArizona.org and if you have any questions or concerns call Bruce 602-476-0843. Or you can send it to 2100 S. 75th Ave Phoenix, AZ 85043

***Turning in this application does not guarantee a position on the Input Council. This application will go through a process and will be reviewed by the current Input Council members. This process will ensure each area of the state is equally represented. You will be notified once a selection is made.**