

YOUTH ACTIVATION SUMMIT

WHAT? Send a student/mentor team to be **EDUCATED** and **MOTIVATED** to facilitate a **YOUTH RALLY** at your school that will **ACTIVATE** students and faculty to treat individuals with intellectual disabilities with dignity and respect!

ACCEPTANCE
Be a fan of
RESPECT
HUMANITY

PASSION **UNITY**

WHEN: Friday, November 6th
- 5:00 p.m. to 8:00 p.m.
Saturday, November 7th
- 8:00 a.m. to 4:00 p.m.

WHERE: Douglas, WY
Best Western

WHO: Youth and Mentors looking to make a change!

COSTS: Funding has been secured so that participants and/or school districts are not responsible for any costs (i.e. travel, hotel, food, supplies or production of their local rallies)!

WHO?

High School Students interested in raising awareness for people in your community with intellectual disabilities and helping to promote treating all individuals with **RESPECT**. Will help lead a Youth Rally in your school to promote this concept.

High School Special Olympics Athletes interested in raising awareness for people in your community with intellectual disabilities and helping to promote treating all individuals with **RESPECT**. Will help lead a Youth Rally in your school to promote this concept.

School District Employees interested in raising awareness for people in your community with intellectual disabilities and helping to promote treating all individuals with **RESPECT**. Will mentor students in your community high school to lead a Youth Rally to promote this concept.

REGISTER

Complete the registration form on the reverse of this page and return it to Special Olympics Wyoming no later than **Friday, October 30th**. Details and final arrangements will be sent by November 4th.



The 2009 Youth Activation Summit is funded in part by grants from the Governor's Planning Council on Developmental Disabilities and Project UNIFY.



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Registration Form – Due Friday, October 30, 2009

(Must have one of each of the following participants from participating schools.)

SO Athlete Name: _____

Local Program: _____ School Name: _____

Address: _____ City/Zip: _____

Phone number: _____ E-mail: _____

Shirt size sm med lg xl xxl xxxl

Participated in Special Olympics since: _____

In your own words/writing please explain why you would like to host a Youth Summit at your school: _____

Youth Partner Name: _____

School Name: _____

Address: _____ City/Zip: _____

Phone number: _____ E-mail: _____

Shirt size sm med lg xl xxl xxxl

In your own words/writing please explain why you would like to host a Youth Summit at your school: _____

Mentor Name: _____

(Mentor must be a school district employee.)

School Name: _____

Address: _____ City/Zip: _____

Phone number: _____ E-mail: _____

Shirt size sm med lg xl xxl xxxl

In your own words/writing please explain why you would like to host a Youth Summit at your school: _____

This form may be downloaded at: www.SpecialOlympicsWY.org

Return the completed form to:

Erin Gamroth ▼ egamroth@specialolympicswy.org ▼ (307) 235-3062

Special Olympics Wyoming ▼ 232 East 2nd St., Ste. 201 ▼ Casper, WY 82601 ▼ or fax (307) 235-3063