



For Twelve Month Period Ending December 31, 20\_\_

**Council Number** \_\_\_\_\_ **Location** \_\_\_\_\_  
city/town state/province

If Applicable ... **Assembly Number** \_\_\_\_\_ **Circle Number** \_\_\_\_\_

Note: Please include Assembly and Circle activities with Special Olympics when reporting Council Activities

2014 ANNUAL PARTNERSHIP PROFILE REPORT WITH SPECIAL OLYMPICS COUNCIL AND EVENT WORKSHEET

Event \_\_\_\_\_  State Games/Event  Regional Games/Event  Local Games/Event

Location of Event \_\_\_\_\_ Date of Event \_\_\_\_\_

I. Volunteers:

- |                |               |             |
|----------------|---------------|-------------|
| 1. Name _____  | Council _____ | Hours _____ |
| 2. Name _____  | Council _____ | Hours _____ |
| 3. Name _____  | Council _____ | Hours _____ |
| 4. Name _____  | Council _____ | Hours _____ |
| 5. Name _____  | Council _____ | Hours _____ |
| 6. Name _____  | Council _____ | Hours _____ |
| 7. Name _____  | Council _____ | Hours _____ |
| 8. Name _____  | Council _____ | Hours _____ |
| 9. Name _____  | Council _____ | Hours _____ |
| 10. Name _____ | Council _____ | Hours _____ |
| 11. Name _____ | Council _____ | Hours _____ |
| 12. Name _____ | Council _____ | Hours _____ |
| 13. Name _____ | Council _____ | Hours _____ |
| 14. Name _____ | Council _____ | Hours _____ |
| 15. Name _____ | Council _____ | Hours _____ |

II. Funds: Funds raised by this event or contributed to run the event: \$ \_\_\_\_\_

Completed by \_\_\_\_\_