

United States Olympic Committee  
Paralympic Sport Club  
APPLICATION



**AGENCY information**

Name of Agency:

Date of Application:		Agency EIN#:
Agency Director:		Title:
Person to contact regarding application:		
Street address:		
P.O. Box:		City:
State:	Zip:	
Phone:		Fax:
E-Mail address:		
Date agency formed:		
Agency corporate status and IRS designation:		
List service area [county(s), city(s), town(s), park district(s), school district(s)]:		
Population of service area:		
Does your agency currently offer sport/recreation programs for people with physical disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No		
When did agency first offer sport/recreation programs for people with physical disabilities?		
Describe type of programs offered (attach promotional materials if available):		

Indicate type(s) and age range of persons with a physical disability served:		(Check boxes that apply)				
Amputee:	<input type="checkbox"/> 0-7	<input type="checkbox"/> 8-11	<input type="checkbox"/> 12-16	<input type="checkbox"/> 17-21	<input type="checkbox"/> 21+	
Blind/Visually Impaired:	<input type="checkbox"/> 0-7	<input type="checkbox"/> 8-11	<input type="checkbox"/> 12-16	<input type="checkbox"/> 17-21	<input type="checkbox"/> 21+	
Cerebral Palsy:	<input type="checkbox"/> 0-7	<input type="checkbox"/> 8-11	<input type="checkbox"/> 12-16	<input type="checkbox"/> 17-21	<input type="checkbox"/> 21+	
Dwarfism:	<input type="checkbox"/> 0-7	<input type="checkbox"/> 8-11	<input type="checkbox"/> 12-16	<input type="checkbox"/> 17-21	<input type="checkbox"/> 21+	
Spina Bifida:	<input type="checkbox"/> 0-7	<input type="checkbox"/> 8-11	<input type="checkbox"/> 12-16	<input type="checkbox"/> 17-21	<input type="checkbox"/> 21+	
Spinal Cord Injury:	<input type="checkbox"/> 0-7	<input type="checkbox"/> 8-11	<input type="checkbox"/> 12-16	<input type="checkbox"/> 17-21	<input type="checkbox"/> 21+	
Other (Please list):	<input type="checkbox"/> 0-7	<input type="checkbox"/> 8-11	<input type="checkbox"/> 12-16	<input type="checkbox"/> 17-21	<input type="checkbox"/> 21+	

If appropriate, please describe recreation/sport facilities operated or utilized by your agency (attach descriptive materials if available):

What is the overall agency's current annual operating budget?

What is the current annual operating budget for sport/recreation programs for people with physical disabilities?

How many agency staff?

Full Time:

Seasonal/Part-time:

Is any of your agency/staff a member of the National Recreation & Park Association?

Yes No

How many agency staff are Certified Therapeutic Recreation Specialists?

**Paralympic Sport Club Information**

Does the applying agency understand the following [refer to attached document "Paralympic Sport Club (PSC) Overview"]? *(please check)*

**Program Overview**

**USOC Performance**

**Local Operator Performance**

**Financial Responsibility of the Local Operator**

**Use of PSC Designation/Marks**

Is the agency committed to the long-term success and sustainability of a Paralympic Sport Club?

Yes    No

List local organizations and agencies that provide services to people with physical disabilities or who can serve as a resource to your PSC including rehabilitation hospitals, VA hospitals, childrens hospitals, independent living centers, disability service agencies (e.g. Easter Seals, United Cerebral Palsy), colleges and universities:

**Submitted by:**

\_\_\_\_\_  
**Name (*Print*)**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

**SUBMIT YOUR APPLICATION VIA EMAIL, FAX OR REGULAR MAIL:**

**United States Olympic Committee  
Paralympic Division  
Attn: Sonya Norris  
1 Olympic Plaza  
Colorado Springs, CO 80909**

**Fax: (719) 866-2029  
Attn: Sonya Norris**

**E-mail:  
[Sonya.norris@usoc.org](mailto:Sonya.norris@usoc.org)**

**Questions? Call or E-mail Sonya Norris at (719) 866-2037 or [Sonya.Norris@usoc.org](mailto:Sonya.Norris@usoc.org)  
Additional applications are available for download at [www.usparalympics.org](http://www.usparalympics.org)**