



**Special  
Olympics**  
New Mexico



Referred by: \_\_\_\_\_

LETR Region: \_\_\_\_\_

**APPLICATION FOR LOCAL AGENCY ACTIVATION**

LETR Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**SECTION 1**

Primary Agency Coordinator: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**SECTION 2**

Co-Coordinator: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**SECTION 3**

Regional Coordinator: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**SECTION 4**

SONM Local Coordinator: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

***By signing below you verify that you are the primary Agency Coordinator. Unless otherwise noted, only the primary Agency Coordinator will have access to the LETR Agency financial accounts. Copy this form as needed.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

For more information, visit Torch Run online at [www.SONM.org](http://www.SONM.org), or email us at [torchrun@sonm.org](mailto:torchrun@sonm.org).