

Financial Responsibility Form

Area/Delegation Name: _____ Team Code: _____

Area/Delegation Manager: _____
Last First Middle Initial

Finance Chair: _____
Last First Middle Initial

Finance Chair Mailing Address: _____
Number Street Apt. #

City State Zip Code

Work Phone: (____) _____ Home Phone: (____) _____

Email Address: _____

Areas/Delegations fall under one of the two categories below. Please check the one that applies to your situation:

_____ 1. Volunteer Based Delegations: The Delegation raises and expends funds under the name of Special Olympics. The Area/Delegation Finance Chair will comply with the Centralized Accounting policies as determined necessary by the State Office. All monies raised and expended in the name of Special Olympics will be documented according to accounting policies and procedures set by the State Office.

_____ 2. Organization Based Delegations: The Delegation does not raise funds under the name of Special Olympics. Centralized Accounting will be used for tracking of tournament and training fees incurred at Special Olympics events. Finance Chairs will receive a statement of fees incurred and it is the responsibility of the Finance Chair to ensure that these fees are paid to Special Olympics.

The agreement has been fully explained to me, and I have read the Finance Guide set forth by Special Olympics Minnesota. I fully understand these provisions and will comply with each in the name of the Area/Delegation.

Area/Delegation Finance Chair Name (print)

Area/Delegation Finance Chair Signature

Date

Area/Delegation Manager Name (print)

Area/Delegation Manager Signature

Date

This form must be filled out and forwarded to the State Office whenever there is a change in Finance Chairs and must be approved by the Area/Head of Delegation.