



## Synopsis of Disability Sport Field Experience

Name: \_\_\_\_\_  
First Last M.I.

Agency: \_\_\_\_\_ Job title: \_\_\_\_\_

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

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

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

Phone: \_\_\_\_\_ 2nd Phone: \_\_\_\_\_

BlazeSports Membership Number: \_\_\_\_\_

Dates of Service	Program Name	Position	Number of Hours	Verification**
				<input type="radio"/> yes <input type="radio"/> no
				<input type="radio"/> yes <input type="radio"/> no
				<input type="radio"/> yes <input type="radio"/> no
				<input type="radio"/> yes <input type="radio"/> no
				<input type="radio"/> yes <input type="radio"/> no
				<input type="radio"/> yes <input type="radio"/> no
Total number of hours:				

\*\*Note: Verification of field-based experience must be verified by a letter from each agency or organization where you gained disability sports experience. The letter must be on the organization's letterhead and document dates of service, total number of hours served, position held, type of program, supervisors name, phone number, email address and original signature.

Signature of Applicant

Date

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