

## Financial Responsibility Form

Team Name: \_\_\_\_\_ Team Code: \_\_\_\_\_

Team 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. The Delegation raises and expends funds under the name of Special Olympics. The 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. Three-year renewal noting that you have read and understand the Finance Guide.

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

\_\_\_\_\_  
Team Finance Chair Name (print)

\_\_\_\_\_  
Team Finance Chair Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Head of Delegation Name (print)

\_\_\_\_\_  
Head of Delegation Signature

\_\_\_\_\_  
Date

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