



CDSS Host Organization Application

Host Agency: _____

Contact Name: First: _____ Last: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____ 2nd Phone: _____

Co-Host: _____

Contact Name: First: _____ Last: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____ 2nd Phone: _____

Host Venue: _____

Address: _____

City: _____ State: _____ Zip: _____

Host Hotel: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____

Cost: _____



Please indicate which of the following organization in your region we could promote the training to. List specific organizations for each category.

Paralympic Sports Club: _____

VA Medical Center: _____

PVA Chapters: _____

College or University: _____

Indicate which major: ___ T.Rec ___ PE ___ APE ___ OT ___ PT ___ Sports Admin.

Other: _____

Park and Rec Dept: _____

Rehab Centers: _____

Other organizations: _____

Indicate which of the following you may be able to assist with:

___ AV Equipment ___ Sports Chairs ___ Refreshments ___ Lunch

Other comments:

Submit application material to:

BlazeSports America, Certified Disability Sport Specialist Program
535 N. McDonough St, Decatur, GA 30030
Phone: 404-270-2000 FAX: 404-270-2039
Email: jjones@blazesports.org