

MOVE UNITED SANCTIONED COMPETITION

2024 Event Data Collection

The Post-Event Report will ask for the below information. Please collect this information on your registration form along with the demographic information listed below so that you are prepared to complete the Post-Event Demographic Report.

Please provide total numbers for the following groups:	
Total Athletes:	
*Please note # of athletes within each of the following categories as well. Athletes may fit into more than one category	
	Paralympians
	Youth (under 23)
	Adults
	Military (Active and Veterans)
	Non-USA Citizens
Total Coaches/Instructors:	
Total Classifiers:	
Total Officials:	
Total Volunteers:	
	Disabled Veteran Volunteers:
Event Management Local Organizers:	
Spectators:	
Athletes by Sport	
	Archery
	Para Powerlifting
	Paratriathlon
	Shooting (Air Rifle)
	Swimming
	Track & Field
	Wheelchair Tennis
	Other:
	Other:
Total Attendees:	



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Demographics

***(asterisk) denotes required field on your registration form**

*Last Name

*First Name

*DOB (mm/dd/yyyy)

Pronouns

- She/Her/Hers
- He/Him/His
- They/Them/Theirs
- Other – Please describe (Conditional logic to specify)

*Email Address

*Address

*City

*State

*ZIP (5 digit ZIP code)

*Country

*Organization/Team (independent athletes enter “N/A” or “independent”)

*I identify my race as (select all that apply):

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or other Pacific Islander
- Not Listed (Please specify race or origin) (Conditional logic to specify)
- Prefer not to say

*I identify as being of Hispanic, Latino or Spanish Origin:

- No, not of Hispanic, Latino, or Spanish origin
- Yes, I am of Hispanic, Latino, or Spanish origin

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*I identify my Gender as (select all that apply):

- Woman
- Man
- Non-Binary
- Transgender
- Cisgender
- Prefer to Self-Describe (Conditional logic to specify)
- Prefer not to say

*Do you consider yourself a member of the Lesbian, Gay, Bisexual, Transgender and/or Queer (LGBTQIA+) community?

- Yes
- No
- Prefer not to say

*Disability: (check boxes with certain conditional logic to gather specific Disability information) **Event Directors may ask a more specific disability question if the buckets below do not provide enough detail for event purposes.**

- Acquired Brain Injury (Traumatic & Non-Traumatic)
- Blind or Low Vision
- Deaf or Hard-of-Hearing
- Dwarfism or Short Stature
- Cognitive/Intellectual or Specific Learning Disability (Including Severe ADD/ADHD, Nonverbal Learning Disability, Autism (ASD), Down Syndrome)
- Mobility Impairment and/or Limb Loss/Deficiency (SCI, Spina Bifida, Transverse Myelitis, Amputation, Burns, Joint Injury)
- Neuromuscular (CP, Hemiplegia, MS, Muscular Dystrophy, Nerve Damage, Polio, PTS, Stroke)
- Not Listed
- I do not identify as having a disability
- Prefer not to say

*Country of Citizenship (Information used for national records)

Are you a Veteran with a disability?

- Yes
- No
- If so, what is your:
 - Branch of Service
 - Date of Injury

The logo for Move United Sanctioned Competition. The word "MOVE" is in a bold, sans-serif font with a color gradient from blue to red. Below it, "UNITED" is in a similar font with a color gradient from pink to blue. Underneath, "SANCTIONED" and "COMPETITION" are stacked in a bold, black, sans-serif font.

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How did you hear about (Name of Event)?

- Move United
- The Hartford's social media channels
- Local Organizing Committee (insert name of LOC)
- Word of Mouth
- I am a past attendee
- Other, please list

How many years have you been attending this event?

- New to XYZ
- 2 years attending
- 3-4 years attending
- 5-9 years attending
- 10+ years attending