

Special Olympics Wisconsin

2017 INTENT TO PLAY TEAM SPORTS

*Important – To be eligible for competition, any Special Olympics Wisconsin Agency that is considering a team(s) for the following season must fill out and return this form to the Regional office post marked by:

Fall Sports Season

Volleyball

September 1, 2017

This form will assist Special Olympics Wisconsin in providing quality training and competition experiences (i.e. league play, local competitions, scrimmage games, Regional/district/State competitions.)

Primary Agency Contact: Address must be filled out clearly and completely.

Agency Name: _____ Agency Number: _____

Contact Person: (This is the person who will receive materials.)

_____ Home Phone: (_____) _____

Address: _____ Work Phone: (_____) _____

City: _____ State: _____ Zip: _____

Fax: (_____) _____ E-mail: _____

One form must be filled out per sport season.

Maximum Number of Traditional Volleyball Teams expected: _____

Do you have coaches who need to attend a certified training school?

☐ Yes ☐ No (please check yes or no)

If so, which sport(s)? _____