

Special Olympics Wisconsin
2014 – 2015 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:

Summer Games Season

Soccer

March 1, 2015

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: (_____) _____ Work Phone: (_____) _____

Address: _____

City: _____ State: _____ Zip: _____

Fax: (_____) _____ E-mail: _____

One form must be filled out per sport season.

Maximum Number of Traditional Soccer 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)? _____