

# MedFest Agency Reservation Form

Special Olympics  
**MedFest®**

Due to the SOWI Headquarters by Wednesday, October 14, 2015  
*This form may be mailed, faxed or e-mailed.*



**Date of Event:** Saturday October 24, 2015  
**Location:** Dale's Weston Lanes, 5902 Schofield Ave, Weston, WI  
**Time:** 9:00 a.m. – 1:00 p.m.  
**What:** A day of FREE SPORTS PHYSICALS  
**Who:** Athletes eligible to participate in Special Olympics & current athletes (75 max)

## Pre-register to guarantee participation!

Day of, walk-ins welcome if registration is not full.

To reserve space for your athletes/Agency, complete the form below and return to Melissa at SOWI Headquarters: 2310 Crossroads Dr., Ste. 1000, Madison, WI 53718 | (608) 442-5676 direct | (608) 222-3578 fax | [mschoenbrodt@specialolympicswisconsin.org](mailto:mschoenbrodt@specialolympicswisconsin.org)

**Agency Number:** \_\_\_\_\_ **Contact Person:** \_\_\_\_\_  
(i.e. Agency manager, coach, parent)

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Day Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Please indicate the address you would like all MedFest materials to be e-mailed to.

**Time Slot (please check preference):**

\_\_\_\_\_ 9:00 a.m. – 10:00 a.m. \_\_\_\_\_ 10:00 a.m. – 11:00 a.m.  
\_\_\_\_\_ 11:00 a.m. – 12:00 p.m. \_\_\_\_\_ 12:00 p.m. – 1:00 p.m.

**I need additional paperwork. Please send me the following:**

\_\_\_\_\_ Blank Medical History Forms (all participants need)  
\_\_\_\_\_ Blank Class A Forms (for Chaperones)  
\_\_\_\_\_ Official SO Release Form (for new athletes)

**I expect to bring:**

\_\_\_\_\_ Athletes

(# new) \_\_\_\_\_

(# current) \_\_\_\_\_

**Please list the names of athletes who will be attending:**

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Each Agency only needs to fill out one MedFest Reservation Form, but is welcome to fill out multiple forms if there are separate contact people who would like to receive confirmation information.

To reserve space for your Agency/athlete complete the Agency Reservation form (one per Agency) and the Health History form (one for each athlete participating in MedFest) and return them to 2310 Crossroads Dr., Ste. 1000, Madison, WI 53718 | (608) 222-3578 fax | [mschoenbrodt@specialolympicswisconsin.org](mailto:mschoenbrodt@specialolympicswisconsin.org)  
**Return by Wednesday, October 14, 2015 to guarantee participation.**