

MedFest Agency Reservation Form

Special Olympics

MedFest®



Due to the SOWI Headquarters by Monday, October 31, 2016

This form may be mailed, faxed or e-mailed.

Date of Event: Saturday November 12, 2016

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

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 expect
to bring:

I need additional paperwork. Please send me the following:

_____ Blank Athlete Medical Form (all participants need)

_____ Blank Class A Forms (for Chaperones)

_____ Participant Release Form (for new athletes)

Please list the names of athletes who will be attending:

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 return to 2310 Crossroads Dr., Ste. 1000, Madison, WI 53718 | (608) 222-3578 fax | mschoenbrodt@specialolympicswisconsin.org
Return by Monday, October 31, 2016 to guarantee participation.