

# **Special Olympics Wisconsin**

## **2016 – 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:

**Flag Football**

**August 15, 2016**

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 Flag Football Teams expected: \_\_\_\_\_**

**Maximum Number of Unified Flag Football 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)? \_\_\_\_\_**

**Special Olympics Wisconsin**  
**2016 – 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, 2016**

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)? \_\_\_\_\_**

**Special Olympics Wisconsin**  
**2016 – 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:

**Indoor Sports Season**

**Basketball**

**December 1, 2016**

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 Basketball 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)? \_\_\_\_\_**

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## **2016 – 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:

**Summer Games Season**

**Soccer**

**March 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 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)? \_\_\_\_\_**

# **Special Olympics Wisconsin**

## **2016 – 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:

**Outdoor Sports Season**

**Tee ball, Softball, Bocce**

**May 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.**

**SPORT: TEEBALL**

**Maximum Number of Traditional Teeball Teams expected: \_\_\_\_\_**

**SPORT: SOFTBALL**

**Maximum Number of Traditional Softball Teams expected: \_\_\_\_\_**

**SPORT: BOCCE**

**Maximum Number of Traditional Bocce 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)?** \_\_\_\_\_

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## **2017 – 2018 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:

**Flag Football**

**August 15, 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.)

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City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Fax: ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail: \_\_\_\_\_

**One form must be filled out per sport season.**

**Maximum Number of Traditional Flag Football Teams expected: \_\_\_\_\_**

**Maximum Number of Unified Flag Football 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)? \_\_\_\_\_**

# **Special Olympics Wisconsin**

## **2017 – 2018 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)? \_\_\_\_\_**