

Special Olympics Wisconsin
2015 – 2016 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, 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 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)? _____

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Indoor Sports Season

Basketball

December 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 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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Summer Games Season

Soccer

March 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: (_____) _____ 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)? _____

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*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, 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: (_____) _____ Work Phone: (_____) _____

Address: _____

City: _____ State: _____ Zip: _____

Fax: (_____) _____ E-mail: _____

One form must be filled out per sport season.

SPORT: TEE BALL

Maximum Number of Traditional Tee ball 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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*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: (_____) _____ Work Phone: (_____) _____

Address: _____

City: _____ State: _____ Zip: _____

Fax: (_____) _____ E-mail: _____

One form must be filled out per sport season.

Maximum Number of Traditional 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)? _____