



Special Olympics
 Wisconsin
 Be a fan™

MedFest Agency Reservation Form

Due to the SOWI Headquarters by Friday, November 11, 2011
This form may be faxed or emailed.

Date of Event: Saturday, December 3, 2011
Location: Dale's Weston Lanes, 5902 Schofield Ave, Schofield, WI
Time: 10:00 a.m. – 2:00 p.m.
What: A day of FREE SPORTS PHYSICALS (lunch included)
Who: Athletes eligible to participate in Special Olympics and current SOWI athletes (125 max)

Pre-Registration is REQUIRED!

To reserve space for your agency, complete the form below and return to SOWI Headquarters.
 2310 Crossroads Dr. Ste. 1000, Madison, WI 53718 | (608)442-5676 direct | (608) 222-3578 fax
mschoenbrodt@specialolympicswisconsin.org email

Return NO LATER THAN Friday, November 11, 2011

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:

- _____ 10:00 a.m. – 11:00 a.m.
- _____ 11:00 a.m. – 12:00 p.m.
- _____ 12:00 p.m. – 1:00 p.m.
- _____ 1:00 p.m. – 2:00 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 Special Olympics Release Form (for new athletes)

<p>I expect to bring:</p> <p>_____ Athletes</p> <p>(# new) _____</p> <p>(# current) _____</p> <p>_____ Chaperones</p>
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Please list the names of athletes from your agency that will be attending (continue on back if needed):
