

Special Olympics Wisconsin
INTENT TO PLAY
INDOOR SPORTS SEASON – GYMNASTICS
YEAR: _____

*Important – To be eligible for competition, any Special Olympics Wisconsin Agency that is considering participating in gymnastics must fill out and return this form to ahsloths29@gmail.com by January 25th.

Agency Name: _____ Agency Number: _____

Contact Person: (This is the person who will receive materials.)

_____ Phone:(_____) _____

E-mail: _____

It is the Head coach’s responsibility to insure that 1) all Athletes have participated in eight weeks of official Special Olympics training prior to competition, 2) coaches have meant all SOWI requirements and 3) all athlete/ coaches are familiar with SOWI Gymnastics rules and regulations as listed in the SOWI competition guide.

Please note the number of “Potential athletes” participating in the respective events in the boxes below.

Artistic Gymnastics	Vault	Bars	Beam	Floor Ex.	All Around
Female Level 1					
Female Level 2					
Female Level 3					
Male Level 1					
Male Level 2					
Male Level 3					
Coed Level A					

Rhythmic Gymnastics	Ball	Hoop	Rope	Ribbon	All Around
Coed Level A					
Coed Level B					
Coed Level C					
Female Level 1					

	Ball	Hoop	Club	Ribbon	All Around
Female Level 2					

	Ball	Rope	Club	Ribbon	All Around
Female Level 3					