

**Special Olympics Wisconsin**  
**INTENT TO PLAY**  
**SUMMER SPORTS SEASON – SOCCER**  
**YEAR: \_\_\_\_\_**

\*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 April 1<sup>st</sup>.

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: \_\_\_\_\_**