Special Olympics Wisconsin
INTENT TO PLAY
INDOOR SPORTS SEASON – BASKETBALL
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 December 1st.

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: ________

Maximum Number of Traditional 3v3 Basketball Teams expected: _____

Maximum Number of Unified 3v3 Basketball Teams expected: _____