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 March 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 Soccer Teams expected: __________