

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: _____