Special Olympics Wisconsin
INTENT TO PLAY
OUTDOOR SPORTS SEASON – TEEBALL, SOFTBALL, BOCCE
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 May 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.

SPORT: TEEBALL
Maximum Number of Traditional Teeball Teams expected: __________

SPORT: SOFTBALL
Maximum Number of Traditional Softball Teams expected: __________

SPORT: BOCCE
Maximum Number of Traditional Bocce Teams expected: __________