Special Olympics Wisconsin

Intent to Play – SUMMER GAMES SEASON

Year: \_\_\_\_\_\_\_\_

\*Important – To be eligible for competition, any Special Olympics Wisconsin Local Program 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.)

Local Program Primary Contact Information:

Local Program Name:       LP Number:

Primary Contact Name:

Address:

City:       State:      Zip:

Cell Phone: (       ) E-mail:

One form must be filled out per sport season.

Sport: SOCCER

Maximum Number of Traditional Soccer Teams expected:

Head Coach Name:       HC Cell:

HC Email:

Sport: Cornhole

Maximum Number of Traditional Cornhole Teams expected:

Maximum Number of Unified Cornhole Teams expected:

Head Coach Name:       HC Cell:

HC Email:

Sport: GYMNASTICS

Maximum Number of Rhyrthmic Gymnasts expected:

Maximum Number of Artistic Gymnasts expected:

Head Coach Name:       HC Cell:

HC Email:

Sport: POWERLIFTING

Maximum Number of Powerlifters expected:

Head Coach Name:       HC Cell:

HC Email: