

**Special Olympics Wisconsin**  
**2014 – 2015 INTENT TO PLAY TEAM SPORTS**

\*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:

**Fall Sports Season**

**Volleyball**

**September 1, 2014**

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:( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Fax: ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail: \_\_\_\_\_

**One form must be filled out per sport season.**

**Maximum Number of Traditional Volleyball Teams expected:** \_\_\_\_\_

**Do you have coaches who need to attend a Certified Training School?**

Yes  No (please check yes or no)

**If so, which sport(s)?** \_\_\_\_\_