Special Olympics Massachusetts Registration Form

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Sport:		Area:		Local Program:				Code:			
Training Site:		Address:		City:		St:		ZIP:			

Team Name	Days of week training occurs: (Mon-Sun)	Time of Practice (i.e., 6-8PM)	Number of Weeks of Training	First Day Training Begins

*** Required fields:**

* Coach's Names Last	First	* ✓ if Team Contact	* Telephone	* E-Mail (if you have one)	* Address	* City	* State	* ZIP+4

CHECK ONE: ❑ QUALIFYING REGISTRATION or ❑ FINAL REGISTRATION NOTE: ATHLETES MAY COMPETE IN 2 EVENTS AND A RELAY

#	First Name	Last Name	✓ if Uni	M/F	DOB mm/dd/yy	Event Code 1	Time/Score/ Level	Event Code 2	Time/Score/ Level	Relay Event Code	Time/Score/ Level	Relay Team Name or #

REQUIRED (if Team Sport) –

Type: ❑ Traditional ❑ Unified

Age Group: ❑ 8 – 12 ❑ 8 – 15 ❑ 13 – 21 ❑ 22 +

Division/Ability Level: (high) ❑ 1 ❑ 2 ❑ 3 ❑ 4 ❑ 5 ❑ 6 (low) ❑ 7 (beginner)

Notes/Comments: _____