

Registration Form

(There is not a limit as to how many participants can sign up!)

School Name: _____ Person to Contact: _____

Phone: _____ Email: _____

Special Olympics Athlete or Youth with Intellectual Disability:

<u>Name</u>	<u>Email</u>	<u>Preferred Phone#</u>
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1. _____

2. _____

3. _____

4. _____

Youth Peers:

<u>Name</u>	<u>Email</u>	<u>Preferred Phone#</u>
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1. _____

2. _____

3. _____

4. _____

Adult Mentors:

<u>Name</u>	<u>Email</u>	<u>Preferred Phone#</u>
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1. _____

2. _____

3. _____

4. _____

Please return this form to Special Olympics Wyoming by **Monday, October 31st:**

Allison Harker ▼ program@specialolympicswy.org ▼ (307) 235-3062

232 East 2nd St., Ste. 201 ▼ Casper, WY 82601 ▼ or fax (307) 235-3063