



**2016 SPECIAL OLYMPICS WYOMING SUMMER GAMES**

**FORM 1: DELEGATION REGISTRATION FORM**

Please complete all four sections. Incomplete forms will not be accepted.

**SECTION 1: CONTACT INFO**

Local Program: \_\_\_\_\_ Local Program Contact: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Best Phone # to reach you: (circle one cell • work • home) : \_\_\_\_\_

E-mail: \_\_\_\_\_

Team Hotel: \_\_\_\_\_

**SECTION 2: ASSESSMENTS\***

Number of Athletes:	
Unified Sport Partners:	
Coaches/Chaperones:	
Total X \$35.00=	\$

**SECTION 3: MEALS\*\*** Please be precise on meals needed for official delegation. **Mark an X in a box if no meals are needed:**

Day/Date	Lunch: Athletics (Deti Stadium)	Lunch: Aquatics (Rec Center)	Dinner
Thur, May 19 <sup>th</sup> :			
Fri, May 20 <sup>th</sup> :			
Sat, May 21 <sup>st</sup> :			

\*Assessments will be based on the number of participants registered as of Monday, May 16<sup>th</sup>

\*\* Lunch will be served at the afternoon competition sites (Athletics and Aquatics). Please indicate how many meals your team will need at each site.

**SECTION 4: ADDITIONAL MEAL TICKETS**

Please indicate the number of additional meals you anticipate family members will purchase.

Day/Date	Lunch: (\$5 per meal)	Dinner: (\$10 per meal)
Thursday, May 19 <sup>th</sup>		
Friday, May 20 <sup>th</sup>		
Saturday, May 21 <sup>st</sup>		

**SECTION 5: ATHLETE INPUT COUNCIL**

List at least one athlete from your program that will attend the Athlete Input Council (AIC) on Friday, May 20<sup>th</sup> from 6:15-7pm at the Victory Banquet:

Name: \_\_\_\_\_ Email (if they have one): \_\_\_\_\_

**Return to: Special Olympics Wyoming  
Attn: Summer Games  
239 West 1<sup>st</sup> Street  
Casper, WY 82601**

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