



Special Olympics
Wyoming

Golf Team Registration Form

Local Program Name: _____

Local Program Coordinator: _____

List of Coaches

Last Name	First Name	Type	Cell Phone	Email Address	Current Volunteer Form on file with SOWY?		
					Yes	No	Not Sure
		Head Coach			Yes	No	Not Sure
		Assistant Coach			Yes	No	Not Sure
		Assistant Coach			Yes	No	Not Sure
		Assistant Coach			Yes	No	Not Sure

Note: Please submit updated Athlete, Unified Sports Partner and Coach/Chaperone forms if missing from SOW Y records.

9-Hole Alternate Shot Unified Team Entry Form:

Team	Role	Last Name	First Name	Date of Birth	Gender	Rounds	Team Entry Information
1	Athlete					Round 1:	
						Round 2:	
	Partner					Round 3:	
						Round 4:	
2	Athlete					Round 1:	
						Round 2:	
	Partner					Round 3:	
						Round 4:	
3	Athlete					Round 1:	
						Round 2:	
	Partner					Round 3:	
						Round 4:	
4	Athlete					Round 1:	
						Round 2:	
	Partner					Round 3:	
						Round 4:	

5	Athlete					Round 1:	
	Partner					Round 2:	
6	Athlete					Round 3:	
	Partner					Round 4:	
7	Athlete					Round 1:	
	Partner					Round 2:	
8	Athlete					Round 3:	
	Partner					Round 4:	
9	Athlete					Round 1:	
	Partner					Round 2:	
10	Athlete					Round 3:	
	Partner					Round 4:	
11	Athlete					Round 1:	
	Partner					Round 2:	
12	Athlete					Round 3:	
	Partner					Round 4:	