



DUE TUESDAY, September 22, 2015

**DELEGATION REGISTRATION FORM
2015 FALL TOURNAMENT**

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

SECTION 1: CONTACT INFO

Local Program: _____ Local Program Contact: _____
 Address: _____ City: _____ Zip: _____
 Daytime Phone #: _____ Cell Phone #: _____
 E-mail: _____ Team Hotel: _____

SECTION 2: ASSESSMENTS

ASSESSMENTS*

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

Assessments will be based on the number of participants registered as of Monday, October 5, 2015.

SECTION 3: MEALS

MEALS: Please be precise on total meals needed (include athletes, coaches and family). Mark an X in a box if no meals are needed. :

Day/Date	Lunch: Bowling	Lunch: Soccer	Lunch: Cycling	Dinner
Wed, October 8:	N/A	N/A	N/A	
Thurs, October 9:				
Fri, October 10:				N/A

**All lunches will served at the Soccer Fields this year. Participants can eat at the fields. Lunches may not be taken to the bowling alleys.

There will be no additional fee for meals requested by family members or those accompanying athletes, however, Special Olympics Wyoming will accept donations at the banquet.

SECTION 4: DOUBLES BOWLING SLOT REQUEST

This year we will be offering Doubles Bowling Wednesday PM (1-4pm) and Thursday AM (9am-noon). If you have athletes participating in Doubles Bowling (not unified) please indicate which timeslot your team prefers to compete in (select either Wednesday or Thursday or both if there is no preference): **Wednesday PM** **Thursday AM**

Return all registration forms to: Allison Harker at program@specialolympicswy.org