



**Special
Olympics**
Wyoming

**DUE TUESDAY,
January 19, 2016**

**FORM 1: DELEGATION REGISTRATION FORM
2016 STATE WINTER GAMES**

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*

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

SECTION 3: MEALS (FOR REGISTERED PARTICIPANTS ONLY)**

| Day/Date | Breakfast | Lunch: Teton Pines | Lunch: JHMR Alpine | Dinner |
|--------------------|-----------|--------------------------|--------------------------|--------|
| Tues, February 2: | N/A | N/A | N/A | |
| Wed, February 3: | | | | |
| Thurs, February 4: | | | | N/A |

*Assessments will be based on the number of participants registered as of Thursday, January 28, 2016.

**Include only the registered participants from Section 2. There will be an additional cost for family members/chaperones interested in purchasing meal tickets (see Section 4). If a program signs up for breakfast and fails to show their program account will be charged \$5 per person.

SECTION 4: ADDITIONAL MEAL TICKETS

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

| Day/Date | Breakfast (\$5 per meal) | Lunch: Teton Pines (\$5 per meal) | Lunch: JHMR Alpine (\$5 per meal) | Dinner (\$15 per meal) |
|--------------------|-----------------------------|---|---|---------------------------|
| Tues, February 2: | N/A | N/A | N/A | |
| Wed, February 3: | | | | |
| Thurs, February 4: | | | | N/A |

SECTION 5: ALPINE LIFT TICKETS REQUESTED: _____

**Return to: Special Olympics Wyoming
Attn: Allison Harker
239 West 1st Street
Casper, WY 82601**

**Phone: 307.235.3062
Fax: 307.235.3063
Email: program@specialolympicswy.org**