



Special Olympics Washington

EAST REGION PRE-SEASON FORM –Due March 26, 2010

Team Name _____
 Sport Tri-Cities Track & Field Meet
 Head Coach _____
 Mailing Address _____

 Phone (day) _____
 Phone (eve) _____
 Phone (fax) _____
 E-Mail _____

Season/Year SPRING 2010
 Practice Start Date _____
 Practice Days/Time _____
 Practice End Date _____
 Practice Location _____
 Category of Play Tri-Cities Track & Field Meet

(Please list your school email address.)

Student Torch Bearer for Opening Ceremonies: _____

TEAM ROSTER

HC=Head Coach, AC=Assistant Coach, CH=Chaperone, DR=Driver

Code	Name	WSP Clearance Status Office Use Only			
		Have	Need	Exp Date	Comments
HC					
AC					
CH					
CH					
CH					

A=Athlete, P=Partner Athlete

A/P	Name	AFP Status		Need a copy sent to head coach
		Valid	AFPExp Date/ WSP exp Partners	
	1			
	2			
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	18			

I understand that valid Applications for Participation are required for each Special Olympics athlete and partner before participation in any Special Olympics activity. I verify that the required forms indicated above are in my possession and will be taken to all Special Olympics team activities.

Coach's Signature _____

Date _____