



Special Olympics Washington

SOWA TEAM COVER SHEET

Please complete this form using a pen and printing legibly. The Team Cover Sheet must be attached to the team's entry rosters with attached Application for Participation Forms. .

Team Name: _____ City: _____ Region: _____
 Head Coach: _____ Day % : _____ Evening% _____
 Address: _____ City: _____ State: _____ Zip: _____
 Fax # : _____ Email Address: _____

COACHES AND CHAPERONES

All coaches and chaperones must have a volunteer packet and a WSP clearance with in the last two years on file in the East Region office. All coaches and chaperones must be at least 18 years of age for overnight events.

	Please register all Coaches & Chaperones Last name, First Name	Gender	WSP-date clearance Official Use Only
HC			
1.			
2.			
3.			
4.			
5.			

TEAM SUMMARY

TOTAL:# coaches/chaperones _____ # athletes _____ =TOTAL _____

Note: Teams will need to bring their lunches for the day. Please make sure your parents/guardians/chaaperones are aware of this.