**Special Olympics Burlington**

**Randy Vanimpe Floor Hockey Tournament**

**January 18, 2025**

**TEAM NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COMMUNITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CONTACT NAME AND EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **CONTACT NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLEASE COMPLETE THIS FORM FOR EACH TEAM YOU ARE ENTERING INTO THE TOURNAMENT**

|  |  |
| --- | --- |
| **Special Olympics Athlete Registration** |  |
|   | First Name | Surname |  | DOB (MM/DD/YYYY) | SOO ID # | JERSEY # |
| 1 |   |   |  |   |   |  |
| 2 |   |   |  |   |   |  |
| 3 |   |   |  |   |   |  |
| 4 |   |   |  |   |   |  |
| 5 |   |   |  |   |   |  |
| 6 |   |   |  |   |   |  |
| 7 |   |   |  |   |   |  |
| 8 |   |   |  |   |   |  |
| 9 |   |   |  |   |   |  |
| 10 |   |   |  |   |   |  |
| 11 |   |   |  |   |   |  |
| 12 |   |   |  |   |   |  |
| 13 |   |   |  |   |   |  |
| 14 |   |   |  |   |   |  |
| 15 |   |   |  |   |   |  |

**ADDITIONAL PLAYERS:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 16 |   |   |  |   |   |  |
| 17 |   |   |  |   |   |  |
| 18 |   |   |  |   |   |  |

**SPECIAL OLYMPICS COACHES REGISTRATION**

|  |  |  |  |
| --- | --- | --- | --- |
|   | First Name | Surname | SOO ID # |
| Head Coach |   |   |   |
| Coach/Manager |   |   |   |
| Coach/Manager |   |   |   |
| Coach/Manager |   |   |   |

**Roster can be emailed to** **mtobin@cogeco.ca** **or can be mailed with payment to:**

Special Olympics Burlington

C/O 4396 Latimer Crescent

Burlington, ON L7M 4R2

**PLEASE MAKE CHEQUE PAYABLE TO: SPECIAL OLYMPICS BURLINGTON**