



# OCA - SOO Tankard 2025-26



## Special Olympics Ontario - Region 4 Curling Playdown

**Saturday November 29<sup>th</sup>, 2025**

Sarnia Golf and Curling Club  
500 Errol Road West, Sarnia, N7V1X7

Athletes and Coaches please enter via Lower Level entrance off Christina Street or down the outdoor stairs by summer deck
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Family and Fans may use the entrance on Errol Road
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**Doors Open at 8:00 a.m.**  
**Coaches meeting will begin at 8:30 a.m.**  
**Games to begin at 9:00 a.m.**

- Event registration is \$25 per athlete. Lunch is included.
- Please indicate any dietary needs, mobility needs, and/or media restrictions.
- Please attach a **cheque** in the full amount for your club's registration.
- Cheques are to be made payable to: **Special Olympics Sarnia**

### Registration notes:

- 1) Each team roster must include a minimum of four (4) athletes. Teams will not be permitted to pick up athletes from other communities upon arrival. Failure to have four athletes will result in disqualification of that team.
- 2) Communities are required to play in all scheduled games.
- 3) **Registration deadline: (10 days in advance) Wednesday November 19<sup>th</sup>**
- 4) This is a firm registration date. The Competition Host has the right to refuse any registrations received after the stated deadline.

**Please return team registration form(s) and payment to:**

**Special Olympics Sarnia**  
**707 Oakdale Avenue**  
**Sarnia, ON N7V2B1**  
**sarnia.coordinator@specialolympicsontario.ca**

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## Special Olympics Ontario - Region Playdown Team Entry Form

Team Name:			
Community:			
Head Coach:			SOO #:
Phone:		Cell Phone for Event Day Contact:	
Email address:			
Mailing address:			
City:		Postal Code:	
Assistant Head Coach(es):			SOO #:
Please indicate the skill level of this team  Level: A B		Athlete Name:	SOO #:
	Skip		
	Vice		
	Second		
	Lead		
	Alternate		

Total number of lunches required: \_\_\_\_\_

**Athletes and Coaches please choose your meal:**

Ham/Cheese Wrap	#:
Turkey/Swiss Wrap	#:
Chili	#:

**Teams entering the Region Playdown must do so with the intent  
of proceeding to the Tankard Qualifier and the Tankard event.**

Does this team intend to proceed to the Tankard Qualifier and Tankard event?    **YES**                      **NO**

Head Coach Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SOO numbers are mandatory for all athletes and coaches.**