	asketb	all Reg			Forr	Oncario		jr Kj			5
Club Name:			SOO Club ID #:			Contact Person:		Contact Number:			
Mailing Address (For Results):			Postal Code:			Contact Email:					
Special Olympics Athlete Registration						Coach Self-Assessment					
	First Name	Surname	Sex (Circle)	DOB (MM/DD/YYYY)	SOO ID #				Levels		
1 2			M / F M / F			The level that I believe my team performs at is (Circle One)	А	В	С	D	Adapt
3			M / F			_					
4			M / F								
5			M/F			4					
6			M/F			Other teams with comparable skill					
/			M/F			that my team has played this year					
8			M/F			include					
9 10			M/F M/F			4					
-	n of 8 athletes Maximum	of 10 Invitationals		ose to Allow Team	s Moro Plavors	-					
PQ = Minimum of 8 athletes, Maximum of 10 Invitationals = Host May Choose to Allow Teams More Players Special Olympics Coaches Registration											
	First Name	Surname	Sex (Circle)	DOB (MM/DD/YYYY)	SOO ID #						
Head Coach			M/F								
Coach/Manager			M/F								
Coach/Manager			M / F								
Coach/Manager			M/F								
Coach/Manager			M/F								
Coach/Manager			M / F								