Curling Registration Form





Club Name:			SOO Club ID #:			Contact Person:			Contact Number:		
Mailing Address (For Results):			Postal Code:			Contact Email:					
		ecial Olympics Athlete I									
	Sp	Coach Self-Assessment									
	First Name	Surname	Sex (Circle)	DOB (MM/DD/YYYY)	SOO ID#		Levels				
1			M/F			The level that I believe my team performs at is (Circle One)	Α	В	С	D	Adapt
2			M/F					٥			, laupt
3			M/F			Other teams with comparable skill that my team has played this year					
4			M/F								
5			M/F			include					
Maximum of 5 Athletes											
			S	pecial Olympics (Coaches Registr	ation					
	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								