Sc	oftbal	l Reg	istrat	ion F	огт	<b>Special</b> Olympics Ontario		₹7 €7			
Club Name: Mailing Address (For Results):			SOO Club ID #: Postal Code:			Contact Person:			Contact Number:		
						Contact Email:					
	S	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)	А	В	С	D	T-Ball
2			M / F								
3			M / F			Other teams with comparable skill that my team has played this year include					
4			M / F								
5			M / F								
6			M / F								
7			M / F								
8			M/F								
9			M / F								
10			M / F								
11			M / F								
12			M/F								
13			M/F								
14			M/F								
15			M/F								
	Γ	Minimum of 12 Athle		· · · ·							
			5	Special Olympics C	oaches Regist	tration					
	First Name	Surname	Sex (Circle)	DOB (MM/DD/YYYY)	SOO ID #						
Head Coach			M / F			_					
Coach/Manager			M/F	<b>↓</b>		_					
Coach/Manager Coach/Manager			M / F M / F	++							
Coach/Manager			M / F	+ +							
Coach/Manager			M / F								