



SEASONAL INTENT

Region: _____ Team Name: _____

Sport: _____ Event: _____

Please complete this form (one per team) and return with additional entry material to your Regional Manager by the specified deadline.
If you have any questions, please contact the SOCO Program Department at 720-359-3116.
Thank you for your cooperation.

GENERAL INFORMATION (Please Print or Type):

Head Coaches' Name: _____ Day of Contact Phone #: _____

Email Address: _____

Additional Email Addresses: _____
Please list additional coaches who will need the information that will be provided.

If you preferred information mailed to you – please complete below.

Address: _____

City: _____ Zip Code: _____

TEAM SUMMARY:

Total Athletes: _____ Females: _____ Males: _____
(including Unified Sports® partners)

Total Coaching Staff: _____ Females: _____ Males: _____

PLEASE INCLUDE THE FOLLOWING WHEN SUBMITTING TO YOUR REGIONAL MANAGER:

Class A Roster

Intent Roster

IS THE TEAM PARTICIPATING IN A STATE EVENT?

Yes

No

All individual competitors, Individual Skills competitors, Special Olympics teams and Unified Sports® teams must participate in a Regional event to be eligible for advancement to the State tournament.

Incomplete information/forms are not acceptable and will be considered late and may result in your delegation being scratched from the competition.



TEAM _____ SPORT _____

Please provide the complete name for every athlete and Unified Sports partner who will be competing.

Please indicate whether the participant is an Athlete (A) or Partner (P) in the designated spot.

(LAST)	(FIRST)	A/P
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		

(LAST)	(FIRST)	A/P
21.		
22.		
23.		
24.		
25.		
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40.		



Special Olympics Colorado Class A Coach/Chaperone Roster

Region _____ Local Program _____ Event: _____

An individual must be at least 14 years of age to serve as coach or chaperone. Please provide the names form potential individuals who will be attending with your agency.
All coaches/chaperones must have an approved Class A Volunteer Registration form on file with Special Olympics Colorado in order to participate at this event.

	Name			Gender
	Last	First	MI	M/F
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

	Name			Gender
	Last	First	MI	M/F
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
26.				
27.				
28.				
29.				
30.				

FOR EVENT USE ONLY: Coaches DO NOT complete at the time of registration.

Please check this box to indicate ID for Head Coach was verified.

I affirm that the above listed coaches are in attendance at this event and that I have verified their identities.

_____ (Date)

(Print Local Program Representative Name)

I affirm that I will supervise _____ who submitted a form at
(Coach/Chaperone)
this event to ensure he/she is suitable for the duties being assigned.

_____ (Date)

(Print Local Program Representative Name)