



SPECIAL OLYMPICS ILLINOIS VIRTUAL SPORTS EVENT REGISTRATION FORM



REGION _____

(Agency If Applicable)

(Registrant Name)

(Agency Address)

(Home Address)

(City) (State) (Zip)

(City) (State) (Zip)

(Phone)

(Phone)

(Email)

(Email)

Please indicate number of individuals you are registering:

Athletes _____

Unified Partners _____

Entry materials, which include must be submitted to Special Olympics Illinois through the Region Director.

Check the box for entry materials that are included:

Virtual Games Registration Form

Virtual Games Entry Form

OFFICE USE ONLY:

Athletes _____

Unified Partners _____