



APPLICATION FOR PARTICIPATION IN MOORHEAD SPECIAL OLYMPICS

For more information about Moorhead Special Olympics go to our
Facebook page: www.facebook.com/MoorheadSpecialOlympics

Please circle all sports you are interested in participating in:

Track & Field / Bocce / Golf / Basketball / Bowling

(April - May)

(June - July)

(June - July)

(Jan. - Feb.)

(Sept. - Oct.)

Please list any sports you would like to see offered in Moorhead:

ABOUT PARTICIPANT:

Participant's Name _____
(Last/ Family) (First/Given) (Middle Initial)

Address: _____ City: _____

State: _____ Zip Code: _____

Contact Number: _____ Email: _____

Gender: Male Female Birth Date: Month _____ Day _____ Year _____
(Athlete must be 8 years old to compete in Special Olympics)

Disability Type or any Restriction(s): _____

Name of School or Employer: _____

ABOUT PARENT/GUARDIANS:

Father's Name _____
(Last/ Family) (First/Given)

Mother's Name _____
(Last/ Family) (First/Given)

Address: _____ City: _____
(If different from participant)

State: _____ Zip Code: _____

Father's Contact Number: _____ Email: _____

Mother's Contact Number: _____ Email: _____

Please return to your Case manager/Adaptive Phy Ed teacher
Or scan and return this application by email to moorheadsomn@gmail.com
Or mail to: **Moorhead Special Olympics**
11293 30th ST N
Moorhead, MN 56560
(218) 790-0073