

Special Olympics New York, Inc.

REGISTRATION FORM FOR NEW TRAINING CLUBS

AREA/REGION _____

INSTRUCTIONS

This is the form to be used to register a new Training Club. It is vital for your accreditation that we have up-to-date information on your training club, the athletes who are training in it and what sports the athletes are training in.

Please indicate the following information about your club on this form: the Area or Region; the Club Name; the address of where training takes place; the times when you train - both the days of the week and the times of the day; the Head Coach and his/her phone number(s); and the names of the other coaches who work with this club.

On the "Athlete Registration" form, provide for each athletes in training: the athlete's name; sex, date of birth; Social Security Numer (optional); the sports the athlete trains in; and the athletes's ID#. (You can find the ID# for all previously registered athletes on the registration summary sheet which was provided to your Area Coordinator. Using this ID# helps us to avoid duplicating athletes and keeps our files consistent). Please do not use the old, three-part "Training Club Regisration Form"! That form is missing vital information and is very difficult to process. Any of these forms will be returned unprocessed.

Return this form to your Area Coordinator. If you have any questions regarding the completion of this form, contact your Area Coordinator or Walter Kopczuk at 1-800-836-6976.

Return all completed forms to: Walter Kopczuk, Vice President/Program, 504 Balltown Road, Schenectady, New York 12304-2290.

Training Director (please print)

Signature

Club Name _____

Street Address _____

City _____

Zip _____

Training Times _____

& Days _____

Head Coach _____

Home # () _____

Work # () _____

Other Coaches

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Date: _____

