

# INVITATION - 5 PIN BOWLING

**Special Olympics**  
Alberta



**NAME OF 5 PIN BOWLING TOURNAMENT**  
**Provincial Games Qualifier / Open / Invitational (select)**  
**Hosted by \_\_\_\_\_ (Affiliate)**  
**Registration Deadline: \_\_\_\_\_**

**Date:** \_\_\_\_\_ (competition date)

**Location:** \_\_\_\_\_ (name of competition venue and full street address)

**Time:** Registration at \_\_\_\_\_ a.m. / p.m.  
Games begins at \_\_\_\_\_ a.m. / p.m. (continuing until approximately \_\_\_\_\_ p.m.)

**Cost:** \$\_\_\_\_\_ per athlete (indicate any additional fees)  
*Only athletes and coaches registered with SOA are permitted to participate.*

**Meals:** Provide details about any meals included

**Events:** The following events will be held: (List events to be held - add/delete as required)  
Individual  
Team

**Rules:** [Special Olympics Canada rules will apply.](#)  
Scratch/Handicap/Pins Over Average will be used. (Select)  
(Insert other rules as required.)

**Registration:**

The following must be received on or before \_\_\_\_\_ (deadline date).

1. Entry fees cheque payable to \_\_\_\_\_ (or e-transferred to \_\_\_\_\_).
2. Completed registration information (available at \_\_\_\_\_).

Please forward registrations and payments to:

Affiliate Name

Address

City, Alberta Postal Code

**Inquiries:** Organizer's name  
Organizer's phone number  
Organizer's e-mail

*Registration is limited so register early to ensure acceptance!*

**Special Olympics Alberta**

#3, 12122 68 St. NW, Edmonton, AB T5B 1R1 Tel 1.800.444.2883

[www.specialolympics.ca/alberta](http://www.specialolympics.ca/alberta) Email [info@specialolympics.ab.ca](mailto:info@specialolympics.ab.ca) Social Media @SpecialOAlberta

Created by the Joseph P. Kennedy Jr. Foundation for the benefit of persons with intellectual disabilities

# INTENT TO PARTICIPATE

**Special Olympics**  
Alberta



## NAME OF 5 PIN BOWLING TOURNAMENT INTENT TO PARTICIPATE

**Provincial Games Qualifier / Open / Invitational (select)**  
**Hosted by \_\_\_\_\_ (Affiliate)**  
**Registration Deadline: \_\_\_\_\_**

Please return this intent form to Special Olympics \_\_\_\_\_ (Affiliate's name) by \_\_\_\_\_ (date) to \_\_\_\_\_ (email or fax).

Please note that this form does not constitute a registration. This information will be used to assist the organizing committee with planning for the correct number of athletes.

Should you have questions, please call \_\_\_\_\_ (name) at \_\_\_\_\_ (phone) or \_\_\_\_\_ (email).

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Affiliate: \_\_\_\_\_

Head Coach: \_\_\_\_\_

Head Coach's Email: \_\_\_\_\_

Number of athletes/teams and levels:

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