



**NAME OF ATHLETICS MEET**  
**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.  
Meet 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)  
50m, 100m, 200m, 400m, 800m, 1500m, 3000m, 5000m, 10,000m, Hurdles  
Running Long Jump, Standing Long Jump, High Jump, Shot Put, Mini Javelin, Pentathlon  
25m Wheelchair Race, 30m Wheelchair Slalom, 4x25m Wheelchair Shuttle Relay  
4x100m Relay, 4x400m Relay

**Rules:** [Special Olympics Canada rules will apply.](#)  
Athletes shall enter a minimum of \_\_\_\_\_ events and a maximum of \_\_\_\_\_ events,  
excluding relays.  
(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 ATHLETICS MEET INTENT TO PARTICIPATE

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*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.*

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

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/relays and levels:

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