



NAME OF BASKETBALL 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

Rosters: Rosters may include a minimum of ___ players and a maximum of ___ players.

Rules: [Special Olympics Canada rules will apply.](#)
(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!

INTENT TO PARTICIPATE

Special Olympics
Alberta



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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).

Affiliate: _____

Head Coach: _____

Head Coach's Email: _____

Number of players/teams and levels:

Special Olympics Alberta

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