

NAME OF CURLING BONSPIEL 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).		
Affiliate N Address	ward registrations and payments to: ame ta Postal Code	
-	Organizer's name Organizer's phone number Organizer's e-mail	

Registration is limited so register early to ensure acceptance!

INTENT TO PARTICIPATE



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Please note that this form does not constitute a registration. assist the organizing committee with planning for the correct i	•
Please return this intent form to Special Olympics (date) to	(Affiliate's name) by (email or fax).
Should you have questions, please call phone) or (email).	(name) at
Affiliate:	
Head Coach:	
Head Coach's Email:	
Number of players/teams and levels:	