INVITATION - GOLF



NAME OF GOLF 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. Tournament begins at a.m. / p.m. (continuing until approximately p.m.) (include any tournament-specific start information)		
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) Indicate level of play and competition format		
Rules:	<u>Special Olympics Canada rules will apply.</u> (Insert other rules as required.)		
1. Entry f	on: ring must be received on or before (deadline date). Tees cheque payable to (or e-transferred to). eted registration information (available at).		
Affiliate N Address	ward registrations and payments to: ame ta 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 Email info@specialolympics.ab.ca Social Media @SpecialOAlberta Created by the Joseph P. Kennedy Jr. Foundation for the benefit of persons with intellectual disabilities

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	Hosted by	er / Open / Invitational (sel (Affiliate) dline:	ect)
	e that this form does not constit rganizing committee with plann		
Please retu	rn this intent form to Special O (date) to	ympics (email or fa	_(Affiliate's name) by ax).
Should you (phone) or	ı have questions, please call (email).	(name)	at
Affiliate:			
Head Coach	וי:		
Head Coacl	ı's Email:		
Number of	players and levels:		

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