

Area/Region: _____

**SPECIAL OLYMPICS NEW YORK
TRAINING CLUB ROSTER**

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Date: _____

All rosters are due *before your training club begins competing for the year*. No incomplete rosters will be accepted. No training club will be allowed to register for competition until a complete roster is submitted. Return rosters to your Area Coordinator or Regional Office. Please report any late additions to your Area Coordinator or Regional Office.

Training Club Name: _____

Contact Address: _____

Head Coach: _____

E-mail: _____

Primary Phone: _____

ZIP: _____

Secondary Phone: _____

Fax Number: _____

Training location: _____

Training times: _____

COACH ROSTER

*Please list **all** coaches working with your Training Club.*

Last Name	First Name	E-mail Address

By submitting this form, I verify that the information contained in this form is complete and accurate.

Name: _____

Signature: _____

Date: _____

Training Club:
Head Coach:

PAGE:

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