Special Olympics Texas, Inc. Roster

Please check appropriate box below

☐ Young Athletes™ Program (YAP) ☐ Motor Activities Training Program (MATP) ☐ Athletes in Training (AIT)

Date: _____ Delegation Code: _____ Teacher/Head Coach/HDDL Name: _____

Teacher/Head Coach/HDDL Day phone: (____) _____ and Email address: _____

School Information:

School Name _____ District Name: _____ School Year _____

Last Name, First Name (or first and last initial)	Gender (required)	Date of Birth (required)	Guardian Name (MATP only)	Training in which sports? (AIT only)