

Request for New Delegation

Please fill out and return to Area Office for approval.

Special Olympics
Texas



DELEGATION INFO		SOTX STAFF ONLY
This Delegation is primarily: <input type="radio"/> School District Team <input type="radio"/> Adult Team (made up of athletes from a group home/agency) <input type="radio"/> Independent Team; athletes are mostly: <input type="radio"/> School Age <input type="radio"/> Adult		Delegation Code
Proposed Delegation Name		
School District or Agency Name <i>(if applicable)</i>		
Head of Delegation (HoD) <i>(person in charge)</i>		
Mailing Address		
City	State	Zip
Email	Day Phone ()	
Night Phone ()	Cell Phone ()	
Sports to be offered by the delegation <i>(please list)</i>		Number of athletes participating