Special Olympics Texas Roster

Special Olympics Texas

Please check one below.

❍ **Young Athletes Program (YAP)** ❍ **Motor Activities Training Program (MATP)** ❍ **Athletes In Training (AIT)** ❍ **Unified Recreation**

PROGRAM INFO	
School Name	District Name
School Year	SOTX Delegation Code *(example: AAA-03)*
Teacher/Coach/HoD Name	
Email	Day Phone ( )

SOTX STAFF USE ONLY
❍ Not Entered
❍ Entered
Date
by Area

ROSTER

Last Name	First Name	Gender (required)	Date of Birth (required)	Guardian Name (MATP only)	Typically Developing	Intellectually Disabled