

PARADISE VALLEY SPECIAL OLYMPICS

Athlete's Name: _____

Age: _____ Birthdate: _____ Grade: _____

School: _____ Teacher: _____

Parents/Guardians

Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Events of Interest (Choose as many as you would like):

FALL

- Swimming
- Bowling
- Soccer
- Floor Hockey

SPRING

- Basketball
- Track
- Bocce
- Softball

I would be willing to help with:
