



Team Cover Sheet

Please complete this registration form in its entirety and be as accurate as possible when submitting meal counts. Contact information is required for both the Head Coach and the Program Coordinator unless the individual has taken on both roles.

Team Name: _____

City: _____

Head Coach: _____

Region: _____

Program Coordinator: _____

Area: _____

Contact info:

Head Coach: _____

Coordinator: _____

Home: _____

Home: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

Address: _____

City, State, Zip Code: _____

Team Summary: Please insert appropriate numbers on each line relating to your team's needs. Be sure to include Athletes, Partners, Coaches, and Chaperones in your numbers and be as accurate as possible. These numbers will be used for meal counts at tournaments.

Meal Counts:

#'s	Breakfast	Lunch	Dinner
Saturday			
Sunday			

Totals:

Coaches: _____

Chaperones: _____

Athletes: _____

Unified Partners: _____

Total: _____

Head Coaches, Assistant Coaches, and Chaperones:

All Head Coaches, Assistant Coaches, and Chaperones must be registered as a Class A volunteer and have a WSP clearance within the last 3 years on file at Special Olympics Washington.

[WSP Background Check](#)

Head Coach (HC), Assistant Coach (AS), Chaperone (CH)

	Last Name	First Name	Gender	Position	WSP Cleared	Notes (Office Use Only)
1			<input type="checkbox"/> M / <input type="checkbox"/> F	<input type="checkbox"/> HC / <input type="checkbox"/> AS / <input type="checkbox"/> CH	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
2			<input type="checkbox"/> M / <input type="checkbox"/> F	<input type="checkbox"/> HC / <input type="checkbox"/> AS / <input type="checkbox"/> CH	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
3			<input type="checkbox"/> M / <input type="checkbox"/> F	<input type="checkbox"/> HC / <input type="checkbox"/> AS / <input type="checkbox"/> CH	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
4			<input type="checkbox"/> M / <input type="checkbox"/> F	<input type="checkbox"/> HC / <input type="checkbox"/> AS / <input type="checkbox"/> CH	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
5			<input type="checkbox"/> M / <input type="checkbox"/> F	<input type="checkbox"/> HC / <input type="checkbox"/> AS / <input type="checkbox"/> CH	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
6			<input type="checkbox"/> M / <input type="checkbox"/> F	<input type="checkbox"/> HC / <input type="checkbox"/> AS / <input type="checkbox"/> CH	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
7			<input type="checkbox"/> M / <input type="checkbox"/> F	<input type="checkbox"/> HC / <input type="checkbox"/> AS / <input type="checkbox"/> CH	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
8			<input type="checkbox"/> M / <input type="checkbox"/> F	<input type="checkbox"/> HC / <input type="checkbox"/> AS / <input type="checkbox"/> CH	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
9			<input type="checkbox"/> M / <input type="checkbox"/> F	<input type="checkbox"/> HC / <input type="checkbox"/> AS / <input type="checkbox"/> CH	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
10			<input type="checkbox"/> M / <input type="checkbox"/> F	<input type="checkbox"/> HC / <input type="checkbox"/> AS / <input type="checkbox"/> CH	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
11			<input type="checkbox"/> M / <input type="checkbox"/> F	<input type="checkbox"/> HC / <input type="checkbox"/> AS / <input type="checkbox"/> CH	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
12			<input type="checkbox"/> M / <input type="checkbox"/> F	<input type="checkbox"/> HC / <input type="checkbox"/> AS / <input type="checkbox"/> CH	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
13			<input type="checkbox"/> M / <input type="checkbox"/> F	<input type="checkbox"/> HC / <input type="checkbox"/> AS / <input type="checkbox"/> CH	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
14			<input type="checkbox"/> M / <input type="checkbox"/> F	<input type="checkbox"/> HC / <input type="checkbox"/> AS / <input type="checkbox"/> CH	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
15			<input type="checkbox"/> M / <input type="checkbox"/> F	<input type="checkbox"/> HC / <input type="checkbox"/> AS / <input type="checkbox"/> CH	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
16			<input type="checkbox"/> M / <input type="checkbox"/> F	<input type="checkbox"/> HC / <input type="checkbox"/> AS / <input type="checkbox"/> CH	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
17			<input type="checkbox"/> M / <input type="checkbox"/> F	<input type="checkbox"/> HC / <input type="checkbox"/> AS / <input type="checkbox"/> CH	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
18			<input type="checkbox"/> M / <input type="checkbox"/> F	<input type="checkbox"/> HC / <input type="checkbox"/> AS / <input type="checkbox"/> CH	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
19			<input type="checkbox"/> M / <input type="checkbox"/> F	<input type="checkbox"/> HC / <input type="checkbox"/> AS / <input type="checkbox"/> CH	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
20			<input type="checkbox"/> M / <input type="checkbox"/> F	<input type="checkbox"/> HC / <input type="checkbox"/> AS / <input type="checkbox"/> CH	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
21			<input type="checkbox"/> M / <input type="checkbox"/> F	<input type="checkbox"/> HC / <input type="checkbox"/> AS / <input type="checkbox"/> CH	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
22			<input type="checkbox"/> M / <input type="checkbox"/> F	<input type="checkbox"/> HC / <input type="checkbox"/> AS / <input type="checkbox"/> CH	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
23			<input type="checkbox"/> M / <input type="checkbox"/> F	<input type="checkbox"/> HC / <input type="checkbox"/> AS / <input type="checkbox"/> CH	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
24			<input type="checkbox"/> M / <input type="checkbox"/> F	<input type="checkbox"/> HC / <input type="checkbox"/> AS / <input type="checkbox"/> CH	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
25			<input type="checkbox"/> M / <input type="checkbox"/> F	<input type="checkbox"/> HC / <input type="checkbox"/> AS / <input type="checkbox"/> CH	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
26			<input type="checkbox"/> M / <input type="checkbox"/> F	<input type="checkbox"/> HC / <input type="checkbox"/> AS / <input type="checkbox"/> CH	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
27			<input type="checkbox"/> M / <input type="checkbox"/> F	<input type="checkbox"/> HC / <input type="checkbox"/> AS / <input type="checkbox"/> CH	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
28			<input type="checkbox"/> M / <input type="checkbox"/> F	<input type="checkbox"/> HC / <input type="checkbox"/> AS / <input type="checkbox"/> CH	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
29			<input type="checkbox"/> M / <input type="checkbox"/> F	<input type="checkbox"/> HC / <input type="checkbox"/> AS / <input type="checkbox"/> CH	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
30			<input type="checkbox"/> M / <input type="checkbox"/> F	<input type="checkbox"/> HC / <input type="checkbox"/> AS / <input type="checkbox"/> CH	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
31			<input type="checkbox"/> M / <input type="checkbox"/> F	<input type="checkbox"/> HC / <input type="checkbox"/> AS / <input type="checkbox"/> CH	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
32			<input type="checkbox"/> M / <input type="checkbox"/> F	<input type="checkbox"/> HC / <input type="checkbox"/> AS / <input type="checkbox"/> CH	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
33			<input type="checkbox"/> M / <input type="checkbox"/> F	<input type="checkbox"/> HC / <input type="checkbox"/> AS / <input type="checkbox"/> CH	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
34			<input type="checkbox"/> M / <input type="checkbox"/> F	<input type="checkbox"/> HC / <input type="checkbox"/> AS / <input type="checkbox"/> CH	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
35			<input type="checkbox"/> M / <input type="checkbox"/> F	<input type="checkbox"/> HC / <input type="checkbox"/> AS / <input type="checkbox"/> CH	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
36			<input type="checkbox"/> M / <input type="checkbox"/> F	<input type="checkbox"/> HC / <input type="checkbox"/> AS / <input type="checkbox"/> CH	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
37			<input type="checkbox"/> M / <input type="checkbox"/> F	<input type="checkbox"/> HC / <input type="checkbox"/> AS / <input type="checkbox"/> CH	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
38			<input type="checkbox"/> M / <input type="checkbox"/> F	<input type="checkbox"/> HC / <input type="checkbox"/> AS / <input type="checkbox"/> CH	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
39			<input type="checkbox"/> M / <input type="checkbox"/> F	<input type="checkbox"/> HC / <input type="checkbox"/> AS / <input type="checkbox"/> CH	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
40			<input type="checkbox"/> M / <input type="checkbox"/> F	<input type="checkbox"/> HC / <input type="checkbox"/> AS / <input type="checkbox"/> CH	<input type="checkbox"/> Yes / <input type="checkbox"/> No	