



Special Olympics **Leinster**

Athletics –Registration Form for 2017-2018

Club Name: _____

Head Coach Contact Details

Name: _____

Email: _____

Phone: _____

Official Club Contact*

Name: _____

Email: _____

Phone: _____

Home Fixture Details:

Preferred Day: _____ Preferred Time: _____

Preferred Venue (SyntheticTrack): _____

Athlete Name	DOB	ID Number	APF Exp Date	Athlete Category
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

Notes;

- Please see the list of categories on the **League Rules & Information document**
- If you have more than 20 Athletes, please use an additional entry form
- In the event that smaller clubs enter the league (10 athletes or less), we may request these clubs compete as a combined team

Signed: _____ (Head Coach)

Please ensure form is completed in full and returned to
National Sports Campus, Snugborough Road, Blanchardstown, Dublin 15

or to patrick.oreilly@specialolympics.ie

DEADLINE; 6th of February