

Family Registration Form

Special Olympics
Texas



NEW UPDATE

FAMILY MEMBER INFO		
SOTX Area		<i>See directory for areas: www.sotx.org/areas.</i>
Last Name	First Name	
Address		
City	State	Zip
Email	Cell Phone ()	
Home Phone ()	Work Phone ()	
Employer	Employer's Phone ()	
Employer's Address		
Would you be interested in the following? Special Olympics Texas Information <input type="radio"/> Yes <input type="radio"/> No Serving on an Area Family Committee <input type="radio"/> Yes <input type="radio"/> No Helping at Area Games <input type="radio"/> Yes <input type="radio"/> No Being a Coach or Assistant <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Other:		
When looking for information about a community program/service, do you prefer: <input type="radio"/> Printed materials <input type="radio"/> Internet		
What type of information do you want a Resource Center to provide? <i>(Check all that apply.)</i> <input type="radio"/> Transition Services <input type="radio"/> Advocacy/Self-Advocacy <input type="radio"/> Financial Resources <input type="radio"/> Legal Resources <input type="radio"/> Special Education in School <input type="radio"/> Recreation and Leisure <input type="radio"/> Other:		

ATHLETE(S) INFO	
Athlete Name	Age
Athlete Name	Age
Athlete Name	Age
Is your athlete a child or an adult? <input type="radio"/> Child <input type="radio"/> Adult	
Is your athlete on a school-based or area adult team? <input type="radio"/> School-Based <input type="radio"/> Area Adult Team	

Please submit your completed form ATTN. Director of Families and Outreach.

Special Olympics Texas
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