Special Olympics North Carolina

2016-2017 Aquatics Invitational Relay Team Registration Form

Location: _____ **Date of Event:** _____

Local Program: _____ **Total # of relay teams:** _____

Head Coach: _____ **Email:** _____

(or primary contact)

Primary Phone: _____ **Secondary Phone:** _____

(mobile phone preferred - where you can be reached on event date)

Team Name: _____ **Team Name:** _____

Relay Distance: ☐ 4x25 Free ☐ 4x50 Free ☐ 4x50 Medley **Team Type:** ☐ Traditional ☐ Unified

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Order	Athlete/Unified Partner Name Indicate Unified Partner with "UP"
1	
2	
3	
4	
Alt	

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Photocopy this form as needed.