



**Special Olympics**  
*Rhode Island*

## Special Olympics Rhode Island Registration Information Annual Sailing Regatta

Team Name: \_\_\_\_\_ Coaches Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (W) \_\_\_\_\_ (H) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Assistant Coaches Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (W) \_\_\_\_\_ (H) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

\_\_\_\_ YES! Our athletes are interested in attending the Annual Sailing Regatta

\_\_\_\_ Total number of athletes interested in attending

\_\_\_\_ Total number of coaches interested in attending

\_\_\_\_ Our team will arrive on Saturday

Please complete and return this form to:

Special Olympics Rhode Island  
**Attn: Kristen Panzini**  
33 College Hill Road, Bldg. #31  
Warwick, RI 02886