



THE AT BEACH

BENEFITTING

Special Olympics
Texas



TEAM REGISTRATION FORM

Team Name: _____

Tournament Division:

- Juniors 4-on-4: 12u 14u 16u 18u
- Adult 4-on-4: Competitive Recreational
- Collegiate 4-on-4
- Bring Your Own Parent (BYOP)TM 4-on-4
- Unified[®] 6-on-6

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- Check enclosed made payable to Special Olympics Texas (please note on the check "World Sand Games")
- Charge to: Visa MasterCard AMEX Discover
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Please return this form with payment information:

Special Olympics Texas
 400 South Zang, Suite 926, Dallas, TX 75208
Phone: 214.943.9981 **Fax:** 214.943.3774
Email: Samantha Vogel at svogel@sotx.org

Team Captain: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Email: _____

Age: _____ Date of Birth: _____

Player 2: _____

Address: _____

City: _____

State: _____ Zip: _____

Email: _____

Age: _____ Date of Birth: _____

Player 3: _____

Address: _____

City: _____

State: _____ Zip: _____

Email: _____

Age: _____ Date of Birth: _____

Player 4: _____

Address: _____

City: _____

State: _____ Zip: _____

Email: _____

Age: _____ Date of Birth: _____

Player 5: _____

Address: _____

City: _____

State: _____ Zip: _____

Email: _____

Age: _____ Date of Birth: _____

Player 6: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Email: _____

Age: _____ Date of Birth: _____