Special Olympics Delaware County

Athlete Group Registration Form

This form can be used for Group Home, School, CLA or Residential Facility Registration

Please indicate the Sport or Activity Code in the first column, then the name of the athlete.

A Current Original Special Olympics Medical Form must be on file at the Special Olympics office or must accompany this form.

Sport / Activity Code	Athlete Name	Sport / Activity Code	Athlete Name

Group or School Name: _____

Contact Name: _____ Contact Phone: _____

Address: _____

Email address: _____

Please return form to: Ric Koehler, Special Olympics Delaware County

307 Lenox Road, Havertown, PA 19083-5502

Check current sport codes on line at www.sodelco.com Email questions to: special.olympics@verizon.net

or call 610-449-2199