



Special Olympics
New Jersey

LEAGUE RESPONSE FORM

LTP Coordinators/Coaches:

Please complete and return the attached form if you plan to participate in League Competition for the 2009-2010 year. By completing and returning the form, you will receive mailings for league registration according to the sport(s) you indicate.

Please return to: Special Olympics New Jersey
Attn: Matt Willey
3 Princess Road
Lawrenceville, NJ 08648
609-896-8000
609-896-8040 (fax)

*****The deadline for Soccer, Volleyball and Flag Football registration is Friday, September 4. Please respond IMMEDIATELY if you plan on participating in either league. *****

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- No, we do not plan on participating in league competition for 2009-2010
 - Yes, we plan on participating in the following leagues for the 2009-2010

CIRCLE PARTICIPATING SPORT:

SOCCER	VOLLEYBALL	FLOOR HOCKEY	BASKETBALL	SOFTBALL	FLAG FOOTBALL
___ team(s)	___ team(s)	___ team(s)	___ team(s)	___ team(s)	___ team(s)

Area: _____

LTP & Team Contact: _____

Mailing Address: _____

Phone: _____ Fax: _____

Email: _____