

GET INTO OUR GAME Program REGISTRATION FORM



All Get Into Our Game (G.I.O.G.) Programs must register/re-register their programs on a yearly basis in September with the S.O.N.J. Chapter Office in order to receive information. This form, along with the attached Roster Form, should be completed and returned to the Chapter Office no later than September 30th each year to the address listed at the bottom of this page.

The G.I.O.G. Coordinator (listed below) will:

- Receive confirmation of the receipt of these documents.
- Submit requests for, and receive, all needed equipment to present the program.
- Receive appropriate mailings for special events to be held for eligible programs and/or their registered students.

Part I. Contact Information

** Please print clearly in pen only.*

Program Name: **GIOG-** _____

Program Coordinator: _____

Program Address: _____

City: _____ State: _____ Zip: _____ County: _____

Program Phone: _____ - _____ - _____ Ext. _____ Program Fax: _____ - _____ - _____

Cell: _____ - _____ - _____ E-mail: _____

PROGRAM LEVEL: (please complete separate form for each school if registering as a district coordinator.)

___ Elementary School ___ Upper Elementary School ___ Middle School ___ High School ___ Other _____

Part II. Participation Numbers

Please list as accurately as possible.

	#s OF ATHLETES						TOTAL # OF ATHLETES	UNIFIED PARTNERS
	Male			Female				
	5-10	11-21	22+	5-10	11-21	22+		
<u>SPORT</u>								
Soccer								
Basketball								
Track & Field								

TOTAL # Coaches in your program: _____ male _____ female

Part III.

- I certify that the information provided on this registration form is correct to the best of my knowledge.
- I understand that I need to call the SONJ Chapter Office whenever I need to make any changes in the information I am Providing for this program,
- I understand that the students participating in this program should pass a routine sports physical examination and have a valid Special Olympics New Jersey medical form on file with the Chapter Office.

Program Coordinator Signature: _____ **Date:** ___ / ___ / ___

Please return completed form to: **Get Into Our Game Registration
Special Olympics New Jersey
3 Princess Road
Lawrenceville, NJ 08648**

FOR OFFICE USE ONLY

Date Received: ___ / ___ / ___
Area: _____