



Special Olympics
New Jersey

FALL L.T.P. QUOTA FORM

Deadline: September 8, 2009



Special Olympics
New Jersey

PRINT ONLY

Upon receipt a confirmation postcard will be mailed

Change of Address/Information

Area _____

Local Training Program Name:

LTP Coordinator Name: Last Name First Name

Address:

City: State: Zip:

Phone:(Day) Ext. (Eve)

Fax: E-mail:

Directions: Indicate # of athletes, unified partners, & golf partners you expect to compete at the Sectional/Chapter level only.

Do not complete a Quota Form if the athletes are only planning to participate at the Area level.

Sport	Number of Individuals				# of Golf Partners
	Traditional Athletes Expected to Compete at:		*Unified Athletes Expected to Compete at:		
	Sectional	Chapter	Sectional	Chapter	
Cycling					
Equestrian					
Golf					
Soccer League					
Volleyball League					
Flag Football League					

*Athlete may register/compete in only one sport.

I certify that the numbers submitted in this report are accurate to the best of my knowledge.

Signature: _____ Print Name: _____

Title: _____

Questions? Call: 609-896-8000

E-mail: mjb@sonj.org

Return to: LTP Registration
Special Olympics New Jersey
3 Princess Road
Lawrenceville, NJ 08648
Fax: 609-896-8040

For Office Use	
Date Received:	_____
Confirmation Mailed:	_____



SPRING L.T.P. QUOTA FORM

Deadline: January 4, 2010



Upon receipt of this form a confirmation postcard will be mailed to the LTP Coordinator.

PRINT ONLY

Change of Address/Information Area _____

Local Training Program Name: [Grid]

LTP Coordinator Name: [Grid] Last Name First Name

Address: [Grid]

City: [Grid] State: [Grid] Zip: [Grid]

Phone:(Day) [Grid] Ext. [Grid] (Eve) [Grid]

Fax: [Grid] E-mail: [Grid]

Do not complete a Quota Form if the athletes are only planning to participate at the Area level.

Sport	NUMBER OF INDIVIDUALS		
	*Traditional Athletes Expected to Compete:		*Unified Partners Expected to Compete:
	Area Level	Chapter Level	Chapter Level
Basketball League <i>Team</i>			
Basketball - <i>Individual Skills</i>			
MATP			
Bowling			

	NUMBER OF TEAMS	
	Traditional	Unified
Basketball		
Bowling		

*Athlete may register/compete in only one sport.

I certify that the numbers submitted in this report are accurate to the best of my knowledge.

Signature: _____ Print Name: _____

Title: _____

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E-mail: mjb@sonj.org

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 Lawrenceville, NJ 08648
 Fax: 609-896-8040

For Office Use
Date Received: _____
Confirmation Mailed: _____



Special Olympics
New Jersey

SUMMER L.T.P. QUOTA FORM

Deadline: February 26, 2010



Special Olympics
New Jersey

PRINT ONLY

Upon receipt a confirmation postcard will be mailed

Change of Address/Information

Area _____

Local Training Program Name: _____

LTP Coordinator Name: _____
Last Name First Name

Address: _____

City: _____ State: _____ Zip: _____

Phone:(Day) _____ Ext. _____ (Eve) _____

Fax: _____ E-mail: _____

Do not complete a Quota Form if the athletes are only planning to participate at the Area level.

Sport	NUMBER OF INDIVIDUALS			TEAMS if Planning to Compete at Chapter Level
	Traditional Athletes* Expected to Compete		Unified Partners* Expected to Compete at Chapter Level	
	at Area	at Sectional		
Aquatics				<input type="checkbox"/> Relays
Bocce				<input type="checkbox"/> Trad <input type="checkbox"/> Unif
Gymnastics - Rhythmic OR Gymnastics - Artistic				
Powerlifting				
Tennis				<input type="checkbox"/> Trad <input type="checkbox"/> Unif
Tennis Skills				
Softball				<input type="checkbox"/> Trad <input type="checkbox"/> Unif
Track & Field				<input type="checkbox"/> Relays

*Athletes may register/compete in only one sport.

I certify that the numbers submitted in this report are accurate to the best of my knowledge.

Signature: _____ Print Name: _____

Title: _____

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E-mail: mjb@sonj.org

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