



TO: Local Coordinators
FROM: Special Olympics
DATE: August 4, 2017
RE: 2017-2017 Sports Directory

This year we wanted to send the Sports Directory Information survey out early in hopes of publishing the booklet by November. This will enable coaches to use the resource before basketball season.

If you wish for your program to be listed, please complete the attached form and return it to **Special Olympics Ohio** by September 18, 2017. We ask that you list your coaches under the sports your organization plans to participate in during this program year.

SPORTS DIRECTORY

COUNTY _____ ORGANIZATION _____

LOCAL COORDINATOR _____

ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP CODE _____

E-Mail Address _____

Please list the name, address and telephone number of your head coach for the sports your local organization plans to participate in during this program year.

Alpine Skiing

Name _____

Address _____

Telephone _____

Bowling

Name _____

Address _____

Telephone _____

Aquatics

Name _____

Address _____

Telephone _____

Cycling

Name _____

Address _____

Telephone _____

Athletics (Track & Field)

Name _____

Address _____

Telephone _____

Equestrian

Name _____

Address _____

Telephone _____

Basketball

Name _____

Address _____

Telephone _____

Figure Skating

Name _____

Address _____

Telephone _____

Bocce

Name _____

Address _____

Telephone _____

Golf

Name _____

Address _____

Telephone _____

Gymnastics

Name _____
Address _____

Telephone _____

Motor Activities

Name _____
Address _____

Telephone _____

Nordic Skiing

Name _____
Address _____

Telephone _____

Powerlifting

Name _____
Address _____

Telephone _____

Rollerskating

Name _____
Address _____

Telephone _____

Soccer

Name _____
Address _____

Telephone _____

Softball

Name _____
Address _____

Telephone _____

Speed Skating

Name _____
Address _____

Telephone _____

Tennis

Name _____
Address _____

Telephone _____

Volleyball

Name _____
Address _____

Telephone _____

Unified Sports

Name _____
Address _____

Telephone _____

Unified Sports

Name _____
Address _____

Telephone _____