



Special Olympics of Minnesota  
**SOUTH REGION STARS**

## 2022 Floor Hockey REGISTRATION FORM

**Please fill this out completely** so that we can reach you if necessary. (For example, we may need to reach you in advance of a practice in case we need to cancel it.) Of course, we also need to be sure we have the right information for those who plan to compete. If you have any questions, please contact Kent Boyd at [krboyd34@gmail.com](mailto:krboyd34@gmail.com). And, please make sure that your SOMN application is up-to-date. It must be updated every three years, and unless this is done, athletes will be unable to practice or compete with a team.

### PARTICIPANT INFORMATION

First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Contact 1: \_\_\_\_\_ Contact 2: \_\_\_\_\_

Contact 1 Cell: \_\_\_\_\_ Contact 2 Cell: \_\_\_\_\_

Contact 1 Email: \_\_\_\_\_ Contact 2 Email: \_\_\_\_\_

### PRACTICE INFORMATION

Y	N	
<input type="checkbox"/>	<input type="checkbox"/>	I plan to compete in Floor Hockey competitions, to be announced at a later date. There may be a \$25 fee, depending upon the tournament.

### OPTIONS – CHECK YOUR TEAM OF INTEREST.

<input type="checkbox"/>	<b>Gold Team</b> (very competitive and experienced players / Top Division)
<input type="checkbox"/>	<b>White Team</b> (becoming more competitive yet still improving skills.)
<input type="checkbox"/>	<b>Blue Team</b> (leaning toward recreational play but improving fast!)
<input type="checkbox"/>	<b>Red Team</b> (new and beginning players; less competitive; still learning skills and rules)

Remember, you SOMN application must be current as of the first practice. To check go to <https://southregionstars.com/4714-2/> and us the password Stars!.

**RETURN** this form at the first practice on October 19.