



Special Olympics
New Mexico

Delegation Registration

Delegation Name _____

Head of Delegation _____

Address _____

City _____ State _____ ZIP _____

Phone Work _____ Home _____ Cell _____

Email _____

List all coaches, partners and chaperons who will be attending the competition with the delegation. Please indicate the roles by placing an "X" in the appropriate column.

Name	Email	HOD	COACH	HANDLERS	CHAP
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

Delegation Registration Continued...

<i>Name</i>	<i>Email</i>	<i>HOD</i>	<i>COACH</i>	<i>PART</i>	<i>CHAP</i>
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					
31.					
32.					
33.					
34.					
35.					
36.					
37.					
38.					
39.					
40.					
41.					
42.					



Delegation Statistics

Delegation: _____

General Information:

Total Number of Athletes: _____
 Total Number of Coaches: _____
 Total Number of Chaperons: _____
 Total Number of Handlers: _____

Total Delegation: 0

(This number will determine the total number of meal tickets)

Sport Information:

Total number of athletes competing in:

Showmanship _____	Poles _____	All Around _____
Stockseat _____	Barrels _____	
Trails _____	Figure 8 _____	

Meals:

List the total number of meals you will need for each meal provided. Do not include family members that are not on your delegation list assigned to a specific role. This number should not exceed the total number of your delegation.

Friday, September 13, 2013	Lunch	Total Attending	<input type="text"/>
Friday, September 13, 2013	Dinner	Total Attending	<input type="text"/>
Saturday, September 14, 2013	Breakfast	Total Attending	<input type="text"/>
Saturday, September 14, 2013	Lunch	Total Attending	<input type="text"/>
Saturday, September 14, 2013	Dinner	Total Attending	<input type="text"/>

Extra Meal Tickets:

List the number of extra meal tickets you anticipate needing for the duration of the Games.

Total tickets requested: _____ at \$10.00 each **Total Amount Due:** \$0.00

Note: We will not be accepting cash or check during the Games. If you find that you need to purchase extra tickets while you are at the Games, you must collect the funds and deposit them into your account with a Revenue Submittal Form.



DELEGATION: _____

Each athlete, handler, chaperon, and coach receives a commemorative t-shirt for participating in the SONM State Equestrian event. We do not order "extra" shirts. Once all of the registration packets have been received, the t-shirt order is placed. Our ability to fill orders after this deadline is limited to the number of scratches we receive after the deadline. Please make sure your order is as accurate as possible.

Things to be aware of...

- The total number of shirts ordered should match your total delegation numbers.
- If this form is not included with the registration packet on the due date, there will be no guarantee that we will be able to provide your delegation with shirts.

Use this section to order Equestrian tee shirts for Athletes

Small	Med	Large	XL	XXL	XXXL	<i>Total</i>

Use this section to order Equestrian tee shirts for Coaches, Handlers and Chaperons.

Small	Med	Large	XL	XXL	XXXL	<i>Total</i>

Total T-Shirts Ordered

The total number of t-shirts must equal your total delegation number listed on Delegation Stats.

