



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. indicate the roles by placing an "X" in the appropriate column.

Please

| Name | | Email | HOD | COACH | HANDLERS | CHAP |
|------|--|-------|-----|-------|----------|------|
| 1. | | | | | | |
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| 14. | | | | | | |
| 15. | | | | | | |

Delegation Registration Continued...

| | <i>Name</i> | <i>Email</i> | <i>HOD</i> | <i>COACH</i> | <i>PART</i> | <i>CHAP</i> |
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| 42. | | | | | | |
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Special Olympics
New Mexico

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 10, 2021 | Lunch | Total Attending | <input type="text"/> |
| Friday, September 10, 2021 | Dinner | Total Attending | <input type="text"/> |
| Saturday, September 11, 2021 | Breakfast | Total Attending | <input type="text"/> |
| Saturday, September 11, 2021 | Lunch | Total Attending | <input type="text"/> |
| Saturday, September 11, 2021 | 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.



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T-SHIRT ORDER 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> |
|-------|-----|-------|----|-----|------|--------------|
| | | | | | | |

Use this section to order Extra Equestrian tee shirts for family/friends. These are \$15.00

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

| <i>Total Cost</i> |
|-------------------|
| |

Total T-Shirts Ordered

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

