



BE INSPIRED
SPECIAL OLYMPICS ONTARIO
WINTER GAMES THUNDER BAY 2011



FAMILY REGISTRATION INFORMATION

Name(s): _____

Please include all names for accreditation:

Address: _____

Telephone: Home _____ Business _____

Email Address: _____ Athlete's Name: _____

Relationship to Athlete: Parent _____ Family _____ Friend _____ Region # _____

Athlete's Sport _____

Do you require shuttle service between hotel / sport venues / ceremonies?

Yes _____ No _____ # of Seats _____

Hotel _____

___ Yes I plan to attend the Opening Ceremonies - Thurs., Jan. 20, 2011 # seats _____

___ Yes I plan to attend the Closing Ceremonies - Sat., Jan. 22, 2011 # seats _____

Will you be attending the Dinner – January 22, 2011? Yes _____ No _____

of tickets _____ x \$10.00 = \$ _____ Cheque made payable to **Special Olympics Ontario**

Visa _____ MasterCard _____ American Express _____ CC# _____

Expiry date ____/____/____ Name on Card _____

Please return this form with payment before **December 01, 2010** by mail to:

Special Olympics Ontario 2011 Games
P.O. Box 800
53 South Water Street
Thunder Bay, ON
P7C 5K4

Parents Hotel Information

All bookings must be made by calling the hotels.