## Special Olympics New York 2024 Regional ALPINE SKIING TEAM REGISTRATION

Area	
Region	

Coaches accompanying team at event									
Name	email	cell phone (for contact at the event)							

	Roster of	Level I Active Atl	nletes												_
(OFFICE USE)				Date of Birth				Skill Level			Events (register for one or two)			r	
Bib#	Last name	First name	Nick-name	Male / Female	М	D	Y	Ski Rental needed	Novice	Intermediate	Advanced	Event #1 Slalom (ALPS)	Event #2 Giant Slalom (ALPGS)	Super G (ALPSG) is not offered	Please note accomodations required (including equipment)
				M F				Y / N							
				M F				Y / N							
				M F				Y / N							
				M F				Y / N							
				M F				Y / N							
				M F				Y / N							
				M F				Y / N							
				M F				Y / N							
				M F				Y / N							
				M F				Y / N							
	Roster of Level II Active Athletes							register each athlete for no more than 2 events.						Please note accomodations required (including equipment)	
Bib#	Last	First	Nick-name	Male / Female	М	D	Y	Ski Rental needed	Event #1 Glide (ALPGL)	Event #2 Super Glide (ALPSGL)	Event #3 10M Race (ALP10M)				
				M F				Y / N							
				M F				Y/N							
				M F				Y / N							
				M F				Y/N							
				M F				Y / N							