



Hutchinson Area Tigers Special Olympics 2018-19 Basketball Registration Form

Athlete's Name: _____ Age _____

DOB: _____ Grade: _____

Parent/Guardian: _____

Address: _____

Phone Number: _____ Work: _____ Cell: _____

**Email Address: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Additional comments that would be beneficial for the coaches:

Return this form by 1/11/2019

Lisa Kraft
Director of Special Services
30 Glen Street Hutchinson, MN 55350
320-234-2618

