



FORM F – Athlete Profile

(Please PRINT in ink using block letters or TYPE)

Delegation Name

SO Region

Family Name

First Name

MI

Gender: Male Female

Home Town/City

Sport

Years involved in Special Olympics

Previous World Games: 2011 2009 2007 2005 2003 2001 1999 1997
 1995 1993 1991 1989 other years _____

Please check all other Sports that you Participate in:

- | | | | |
|-------------------------------------|--|---|---|
| <input type="checkbox"/> Aquatics | <input type="checkbox"/> Equestrian | <input type="checkbox"/> Softball | <input type="checkbox"/> Figure Skating |
| <input type="checkbox"/> Athletics | <input type="checkbox"/> Football (soccer) | <input type="checkbox"/> Table Tennis | <input type="checkbox"/> Floor Hockey |
| <input type="checkbox"/> Badminton | <input type="checkbox"/> Golf | <input type="checkbox"/> Handball | <input type="checkbox"/> Speedskating |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Tennis | <input type="checkbox"/> Snowboarding |
| <input type="checkbox"/> Bocce | <input type="checkbox"/> Powerlifting | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Snowshoeing |
| <input type="checkbox"/> Bowling | <input type="checkbox"/> Roller Skating | <input type="checkbox"/> Alpine Skiing | <input type="checkbox"/> Other : _____ |
| <input type="checkbox"/> Cycling | <input type="checkbox"/> Sailing | <input type="checkbox"/> Cross Country Skiing | |

Are you employed? Yes No

If yes, where? _____

What is your Position? _____

Accomplishments: _____

How has Special Olympics changed your life? _____

What does Special Olympics and attending World Games mean to you? _____

Comments: _____

Other interests or hobbies: _____