|  |  |  |  |
| --- | --- | --- | --- |
| **Region:** |  | | |
| **Head Coach name:** |  | | |
| **Head Coach contact details:** |  | | |
|  | | |
| *I understand that the information provided in this form may be used by D&G Disability Sport for purposes related to participation in this competition. I also understand that the information given in this form will be held, processed and shared by D&G Disability Sport in accordance with D&G Disability Sport* [*Privacy Policy*](https://www.specialolympicsgb.org.uk/uploads/Resources%20Files/Policies/Special%20Olympics%20GB%20Privacy%20Statement.pdf)*.* | | | |
| **Head Coach Signature:** |  | **Date:** |  |
| **How many Carers / Helpers will be with the team?** | | |  |
| **Total Payment:** | | |  |

If you require a receipt, please complete the details below:

|  |  |
| --- | --- |
| **Receipt made out to:** |  |
| **Receipt to be sent to (name and address):** |  |

**Entry Form - Singles**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Name** | **Date of Birth** | **Gender** | **Division**  **(Low, Med, High)** | **Region** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |