



OFFLINE REGISTRATION FORM

***Name** _____

Team Name _____

***Address** _____
Street

City

State

Zip

***Cell Phone** _____ **Birthday** _____

/ /

MM / DD / YY

***Email** _____

Company _____

***Are you an employee of Mohegan Sun?** _____ **Yes** _____ **No**

Are you a member of an LETR department? _____ **Yes** _____ **No**

Department Name: _____

Information marked with an * is required. Please submit to completed forms to:

Special Olympics Connecticut
Attn: Special Events
2666 State St, Suite 1, Hamden CT

For more information or register online visit <http://give.classy.org/otemohegan> or contact Jackie Turro at jackiet@soct.org (203) 230-1201 x265