

On Saturday, May 13th at 10:00am, we will be having our McMinnville Special Games Adult's event. This event is devoted to men & women ages 18 & over with special needs. For the second year, this event will be at the Milner Recreational Center (Civic Center) at 500 Garfield St in McMinnville. There will be Olympic style games for each and every contestant to participate in, plus we will have carnival style games upstairs for everyone to enjoy. There will also be plenty of food and drinks for everyone.

Each participant will receive a <u>free</u>t-shirt & a goody bag! If you would like to purchase extra shirts on that day, they will be \$10.00 each.

*Each participant must be accompanied by a guardian or caregiver.

*The attached form must be turned in by Friday, April 21st

*Please arrive by 9:30am on the day of the event.

* All games, prizes and concessions will be free to the participant.

Please fill out the attached sheet and return by Friday, April 21st. Please keep this top sheet as your reminder. You can email forms to hollymcbride82@gmail.com, fax to <u>931-443-0469</u> or mail to <u>357 Willow Way,</u> <u>McMinnville, TN 37110.</u>

If you have any questions please call Holly McBride at (931)808-8816 or Donna Wanamaker at (931)808-3085.

Participant Information

| First Name | Name Last Name | | | | | | | |
|--|----------------|----|--------|-----------|--------------|--------|----|--|
| Address | | | | | | | | |
| City | | S | state_ | | Zip | | | |
| Date of birth | Age | | | | _ Male or | Female | | |
| Shirt Size: Small Medium | Large | XL | 2X | 3X | (Circle one) | | | |
| Guardian/Caregiver Name | | | | | | | | |
| Phone # | | | Do | you a | accept text? | Yes or | No | |
| | | | | | | | | |
| Is the participant in a wheelchair ? | | | | YES or NO | | | | |
| Is the participant able to walk fast/run ? | | | | YES or NO | | | | |
| Is the participant able to toss a softball ? | | | | YES or NO | | | | |
| Is the participant able to jump? | | | | YES or NO | | | | |

Please answer this next question to the best of your ability. On a scale from one to ten, one being low functioning(such as wheel chair bound) and ten being high functioning(such as very active), which is the participant?

1 2 3 4 5 6 7 8 9 10

Please feel free to use the area below to give us any information we may need to know about the participant, such as special arrangements they may need on this day.