



SKILLS ACADEMY
1575 Garden of the Gods, 2nd Floor
Colorado Springs, Colorado 80907
719.722.5551

Greetings!

We would love to have your student join the Skills Academy Basketball

Team! Please fill out the information below and we hope to see your student on the basketball court!

Student Name: _____

Parent, Guardian, HHP Name: _____

Email: _____

Contact Number: _____

Does your student have a Skills Academy shirt? Y / N

If no, what size do they wear? XS, S, M, L, XL, XXL, XXXL

Have questions? Contact us at info@skillsacademyvc.org

Thank you for your support!

Special Olympics
Colorado

