# 2026 RAVE Cornhole Season Information & Registration

The RAVE is launching a pilot season for cornhole with a limited number of athletes. Participants will be able to practice singles and doubles, and can participate with a unified partner. This is a recreational season only and there will be no participation in the Special Olympics Minnesota regional or state competitions. Corn hole equipment will be provided.

## Practice Information

Practices are Wednesday nights, 6:30 – 7:30 pm at Cedar School, 2140 Diffley Rd., Eagan, MN 55122.

Practices start on August 26, 2026, and go through October 7.

## Registration

The registration fee is $35 per athlete, payable by cash or a check payable to The RAVE. Please mail the registration form and payment to The RAVE, P.O. Box 122, Rosemount, MN 55068-9906.

**Registration is limited. To secure your spot, please email a copy of the completed registration form to baubitz@gmail.com.**

Registration deadline: August 25, 2026

## Contact

Head coach: Heather Beck, heathermbeck@gmail.com

Team manager: Brian Aubitz, baubitz@gmail.com

# 2026 RAVE CORNHOLE REGISTRATION FORM

Please return this form with payment.

Athlete Name: _____ Athlete date of birth: _____

Experience with cornhole: ☐ First timer ☐ Some previous experience

☐ I would like to participate as a modified athlete.

☐ I am participating with a unified partner.

Unified partner name: _____

Unified partner phone: _____

Unified partner email: _____

Practice help from parent/caregiver: ☐ I am willing to transport one cornhole bag each session.

**Please complete the next section if the athlete is new or if contact information related to the athlete has changed**:

Athlete's address: _____

Athlete's phone: _____

Athlete email: _____

## Parent/caregiver contact information

To receive email announcements and for emergency contact.

Name: _____ ☐ Parent ☐ Guardian ☐ Staff

Phone: _____

Email: _____

Group home name: _____

Name: _____ ☐ Parent ☐ Guardian ☐ Staff

Phone: _____

Email: _____

Group home name: _____

☐ I acknowledge that RAVE prefers a responsible person to be present during practice.

☐ I acknowledge that it is my responsibility to make sure the athlete's state paperwork is current before the first practice.

Please provide any essential information that you would like to share about your athlete – allergies, behavioral issues, health concerns (this does not replace the required medical).

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