

**SPECIAL OLYMPICS IOWA
CHALLENGE DAY REGISTRATION FORM
GLENWOOD RESOURCE CENTER- COUNCIL BLUFFS, IA**

Please complete the registration form below and submit to Wendy Olinger at registrations@soiowa.org

PLEASE NOTE: All athletes must have a current physical on file at the State Office in order to participate.

GROUP/FACILITY/INDIVIDUAL: _____

CONTACT NAME: _____ PHONE: _____

ADDRESS: _____ CITY/STATE: _____ ZIP: _____

E-MAIL ADDRESS: _____

Athlete Registration			Volunteer Registration		
ATHLETE NAME	DOB	Does athlete use a wheelchair?	VOLUNTEER NAME	DOB	SHIRT SIZE
NUMBER OF ATHLETE LUNCHES NEEDED			NUMBER OF VOLUNTEER LUNCHES NEEDED		
NUMBER OF ATHLETE LUNCHES NEEDED			NUMBER OF EXTRA VOLUNTEERS NEEDED		

Please send registration materials to registrations@soiowa.org