DELEGATION MANAGER FORM



Each delegation of Special Olympics Iowa will designate a Delegation Manager. The primary role of the Delegation Manager is to serve as a liaison between the delegation, Area Director and State Office. Responsibilities of the Delegation Manager include providing ongoing communication with the Area Director, State Office, delegation volunteers including coaches, chaperones, athletes and athlete families and/or staff, submitting registration forms including entry forms to the Area Director and State Office and distributing Class A credentials to delegation members.

Delegation Name – City/Delegation	Name or Last Name (E	Example: Grimes D	Pream Rollers or Grimes Brown)
Delegation Name				_
Delegation Manager Name (please	only list one name)			
E-mail address	Telephone		Home Cell	
Address	City	Zip	Home Facility Sc	hool
List the age range of athletes who a	are eligible to train and	compete with you	ur delegation	
Are you accepting new athletes into	your delegation at this	s time? Yes	No	
Check the sports and/or Specia opportunities.	ıl Programs your del	legation currentl	ly offers training and con	npetition
Alpine SkiingBasketball SkillsChallenge DayCyclingFlag FootballPowerliftingSoccerSwimmingVolleyball Does your delegation have any p sports, including Unified Sports?	Yes No	- - - - - Play Day	Basketball Bowling Cross Country Skiing Figure Skating Gymnastics Snowshoeing Speed Skating Unified Sports	any new
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Please complete and submit the completed Delegation Manager Form to classa@soiowa.org or the State Office.