SPECIAL OLYMPICS IOWA
CHALLENGE DAY REGISTRATION FORM
RUBY VAN METER SCHOOL- DES MOINES, 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 EXTRA VOLUNTEERS NEEDED**	

Please send registration materials to registrations@soiowa.org