

**SPECIAL OLYMPICS IOWA  
CHALLENGE DAY REGISTRATION FORM  
OPPORTUNITY LIVING- LAKE CITY, IA**

Please complete the registration form below and submit to Wendy Olinger at [registrations@soiowa.org](mailto: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: \_\_\_\_\_

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

Please send registration materials to [registrations@soiowa.org](mailto:registrations@soiowa.org)