CHALLENGE DAY

551 DOVETAIL ROAD, P.O. BOX 620, GRIMES, IOWA 50111
PHONE: (515) 986-5520 FAX: (515) 986-5530 EMAIL: registrations@soiowa.org

SCHOOL/FACILITY _____ EMAIL ADDRESS _____

ADDRESS _____ CITY _____ ZIP _____

CONTACT NAME _____ PHONE: _____ FAX #: _____

EACH ATHLETE NEEDS TO BE ACCOMPANIED BY A COACH OR VOLUNTEER.
VOLUNTEERS WILL BE PROVIDED FOR THOSE NEEDING ONE.

NUMBER OF VOLUNTEERS COMING	
NUMBER OF EXTRA VOLUNTEERS NEEDED	
NUMBER OF LUNCHES NEEDED	
NUMBER OF LUNCHES PUREED	

CHECK AS MANY EVENTS AS YOU WANT TO PARTICIPATE IN.

ATHLETE (FIRST & LAST NAME)	USE WCHAIR	TEAM V BALL	TEAM BBALL	ACTIVITY ROOM	**VOLUNTEER INFORMATION** NAME (FIRST & LAST)	SHIRT SIZE	**BIRTHDATE** (mm/dd/yyyy)