

**SPECIAL OLYMPICS IOWA  
CHALLENGE DAY REGISTRATION FORM  
RIVER HILLS SCHOOL- CEDAR FALLS, 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 LUNCHEES NEEDED</b>			<b>NUMBER OF VOLUNTEER LUNCHEES NEEDED</b>		
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<b>NUMBER OF ATHLETE LUNCHEES NEEDED</b>			<b>NUMBER OF VOLUNTEER LUNCHEES NEEDED</b>		

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