SPECIAL OLYMPICS IOWA SOUTH CENTRAL UNIFIED SPORTS TRAINING DAY REGISTRATION FORM WEDNESDAY, DECEMBER 7, 2016

Please complete the registration form below and submit to Bruce Wilson no later than Wednesday. November 23.

PLEASE NOTE: All athletes must have a current physical on file at the State Office in order to participate.

TACT NAME:		PHONE:			
			CITY/STATE:		
AIL ADDRESS:					
		Choose one of these three tracks			
ATHLETE NAME	DOB	BASKETBALL SKILLS	DEVELOPMENTAL DRIBBLING	CHEERLEADING	Will eat school lunch
	Numbe	er of coaches who wil	l attend training:		

Please send registration materials to Bruce Wilson at bwilson@soiowa.org