**Special Olympics Iowa Area Aquatics and Athletics Relay Entry Form**

Delegation Name (Local Program) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Head Coach\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Team Name** | **Athlete or Unified Partner’s Name** | **√ if**  **Unified Partner** | **Sport** | **Event** | **Team Best Time** |
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| **Team Name** | **Athlete or Unified Partner’s Name** | **√ if**  **Unified Partner** | **Sport** | **Event** | **Team Best Time** |
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1. Please enter the team’s name (ex: Sioux City #1) in the space below the team name label
2. Sport abbreviations (AQ=Aquatics, AT=Athletics)
3. **NO ALTERNATES** (maximize the roster)
4. Please return this form to your **AREA DIRECTOR** by the appropriate registration deadline