

Special Olympics Iowa Area Aquatics and Athletics Relay Entry Form

Delegation Name (Local Program) _____

Head Coach _____

Team Name	Athlete or Unified Partner's Name	√ if Unified Partner	Sport	Event	Team Best Time
Team Name	Athlete or Unified Partner's Name	√ if Unified Partner	Sport	Event	Team Best Time
Team Name	Athlete or Unified Partner's Name	√ if Unified Partner	Sport	Event	Team Best Time
Team Name	Athlete or Unified Partner's Name	√ if Unified Partner	Sport	Event	Team Best Time

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