**Special Olympics Iowa Area Aquatics Entry Form**

Delegation Name (local program)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Area (North, East, etc.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Aquatics Head Coach \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and / or Other Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total # of Aquatics Athletes \_\_\_\_\_\_\_\_ Total # of Coaches/Chaperones/1:1 Staff \_\_\_\_\_\_\_\_

**Athletes may enter two events and a relay**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Athlete or Unified Partner’s Name** | **Gender** | **D.O.B** | **√ If**  **Unified Partner** | **Event Name** | **Relay Team Name** | **Time/Distance** |
|  |  |  |  |  |  |  |
|  |  |
|  |  |
|  |  |  |  |  |  |  |
|  |  |
|  |  |
|  |  |  |  |  |  |  |
|  |  |
|  |  |
|  |  |  |  |  |  |  |
|  |  |
|  |  |
|  |  |  |  |  |  |  |
|  |  |
|  |  |
|  |  |  |  |  |  |  |
|  |  |
|  |  |
|  |  |  |  |  |  |  |
|  |  |
|  |  |
|  |  |  |  |  |  |  |
|  |  |
|  |  |

**Notes:**

1. **Please complete the Area Aquatics and Athletics Relay Entry Form if you have athletes competing in the 4x25 Freestyle Relay**
2. Please return this form to your **AREA DIRECTOR** by the appropriate registration deadline
3. D.O.B. – Date of Birth (MM/DD/YY)