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)

Revised 9/16/2015