

Special Olympics Iowa Area Athletics Entry Form

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

Athletics Head Coach _____ E-mail Address _____

Cell Phone Number _____ and / or Other Phone Number _____

Total # of Athletics 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 4x100M Run or Walk 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)