**Special Olympics Iowa Conference Softball Tournament Entry Form**

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

Softball Head Coach \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Team Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and / or Other Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Please mark the ability level of your team (choose one): \_\_\_ Div. One \_\_\_ Div. Two \_\_\_ Div. Three \_\_\_ Div. Four \_\_\_ Developmental \_\_\_ Unified

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| --- | --- | --- | --- | --- | --- |
| **Athlete or Unified Partner’s Name** | **Gender** | **D.O.B** | **√ If****Unified Partner** | **Total Softball Skill Assessment Score** | **Overall Rating**(Assessment Score divided by 7) |
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|  |  |  |  | **Overall Team Average** |  |

1. Maximum roster size for competition is 15 for a traditional team and 16 for a Unified team (8 athletes/8 partners).
2. Overall Team Average = add overall rating for each individual player and divide by the total number of athletes listed
3. **NO ALTERNATES** (maximize the roster)
4. D.O.B. – Date of Birth (MM/DD/YY)

**\*Please send all registration materials to** **registrations@soiowa.org** **or to Special Olympics Iowa, 551 SE Dovetail Road, Grimes, IA 50111.**