**Special Olympics Iowa Mid-Winter Tournament Registration Form**

Delegation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Area \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Delegation Manager\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Please list only those numbers at which you are available to accept a call for Special Olympics business.

|  |  |  |  |
| --- | --- | --- | --- |
| **Number Attending** | **Males** | **Females** | **Total** |
| Athletes |  |  |  |
| Coaches/Chaperones (anyone listed here must be included on coach/volunteer roster) |  |  |  |
| **Housing & Meals Plan** | **Number** |  | **Total Due** |
| Any registered delegation member staying in housing |  | x $20 |  |
| Room and meal scratches must be made by February 20th to be eligible for a refund. |
| **Banquet Tickets for unregistered guests** |  | X $10 |  |
| **Overall Total Due for Housing/Meal Plan & Banquet Tickets** | **Total Due** |  |
| **Meals (Indicate # per meal for each meal)** | **Breakfast** | **Lunch** | **Dinner** |
| Friday |  |  |  |
| Saturday |  |  |  |
| **Location** | **U of I Field House** (Team basketball, gymnastics, powerlifting) | **Iowa City West H.S.** (Cheerleading) | **Iowa City H.S.**(Basketball skills) |
| Number of lunches needed at each venue for Saturday |  |  |  |

**Checklist:**

Please check that you have included the following with your registration. If everything is not received your delegation may not be registered for the Mid-Winter Tournament. If you do not have athletes competing in a sport please put N/A on the line for that entry form so we know it was not missed.

\_\_\_\_\_ This completed registration form

\_\_\_\_\_ Coach/Volunteer Roster

\_\_\_\_\_ Mid-Winter Tournament Housing Form

 **Competition Entry Forms:**

\_\_\_\_\_ Basketball Delegation Report (includes qualifiers)

\_\_\_\_\_ Cheerleading/Dance Entry Form

\_\_\_\_\_ Gymnastics Entry From

\_\_\_\_\_ Powerlifting Entry Form

\_\_\_\_\_ Payment for Housing and Meals Plan and Extra Banquet Tickets

Our delegation will pay our fees for the Mid-Winter Tournament by (check one):

\_\_\_\_\_\_ Withdrawal from our Centralized Account #\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_ Check (enclosed, made out to Special Olympics Iowa).

\_\_\_\_\_\_ Check (request submitted, check will be sent separately).

**Please send all registration materials to** **registrations@soiowa.org** **or to Special Olympics Iowa**

**551 SE Dovetail Road, Grimes, IA 50111 by the appropriate deadline.**