Special Olympics Iowa Mid-Winter Tournament Registration Form

Delegation	Area E-mail Address				
Delegation Manager					
Day Phone Number*Please list only those numbers at which you are available.	Cell Phone Num ole to accept a call for Sp	ber	usiness.		
Number Attending	Males	Females		Гotal	
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 Tick	cets	Total Due			
Meals (Indicate # per meal for each meal)	Breakfast	Lunch		Dinner	
Friday					
Saturday					
Location	(Team basketba	U of I Field House (Team basketball, gymnastics, powerlifting) U of I Field House (Team basketball, gymnastics, powerlifting)		H.S.	
Number of lunches needed at each venue for Saturday				,	
Checklist: Please check that you have included the following with your regmay not be registered for the Mid-Winter Tournament. If you don 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 Bank	o not have athletes	_		-	
Our delegation will pay our fees for the Mid-Winter Tournamen Withdrawal from our Centralized Account # Check (enclosed, made out to Special Olympics Iowa). Check (request submitted, check will be sent separately	t by (check one): 				

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.