**Special Olympics Iowa Roller Skating Entry Form**

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

Roller Skating Head Coach\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and / or Other Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Athletes may register for two individual events and a relay**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Athlete’s Name** | **Gender** | **D.O.B.** | **30M Straight** | **30M Slalom** | **100M** | **300M** | **500M** | **Relay Name** |
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**Notes:**

1. Please record athlete times in the appropriate event boxes
2. When recording times please use the format 00:00.00
3. This form must be completed and submitted to the area director by their entry due date if a roller skating competition is held in the area
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.**