

## 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

Athlete's Name	Gender	D.O.B.	30M Straight	30M Slalom	100M	300M	500M	Relay Name

- 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](mailto:registrations@soiowa.org) or to Special Olympics Iowa, 551 SE Dovetail Road, Grimes, IA 50111.**