**Special Olympics Iowa Soccer Skills Entry Form**

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

Soccer Skills Head Coach \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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| --- | --- | --- | --- | --- | --- | --- |
| **Athlete’s Name** | **Gender** | **D.O.B** | **Dribbling** | **Shooting** | **Run & Kick** | **Total** |
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**Notes:**

1. Place the athlete’s score for each skill in the appropriate column and put the total of the three skills in the total column
2. This form must be completed and submitted to the area director by their entry due date if a soccer skills competition is held in the area
3. This form must be completed and submitted to the state office for all athletes competing at the State Summer Games
4. Athletes competing in Soccer Skills may not be registered as a member of a seven-a-side soccer team
5. 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**