Special Olympics Iowa Bocce Singles Entry Form

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

Bocce Head Coach _____ E-mail Address_____

Cell Phone Number_____ and / or Other Phone Number _____

Total # of Bocce Athletes _____ Total # of Coaches/Chaperones/1:1 Staff _____

Athlete's Name	Gender	D.O.B	√ If Uses Wheelchair or Walker	√ If Uses Ramp	Modified Game Score

1. Athletes may compete in both Four Person Team and Singles Bocce competition
2. Athletes who register to compete in Bocce Singles may not register to compete in Athletics or Aquatics events on Friday
3. Athletes who use a ramp must bring their own ramp
4. Athletes will be divisioned based on age and ability. We will use the Junior (8-21) and Senior (22+) age groups for Singles competition just as we do for Four Person Team competition
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.**

Revised 6/11/2018