**Special Olympics Iowa Bocce Team 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 \_\_\_\_\_

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| **Team Name** | **Athlete/Unified Partner Name** | **D.O.B.** | **√ If**  **Unified Partner** | **√ If**  **Uses Wheelchair** | **√ If**  **Uses A Ramp** | **Ramp Division (All)** | **Traditional Division** | **Unified Division** | **Junior or Senior** | **Modified Game Score** |
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| **Team Name** | **Athlete/Unified Partner Name** | **D.O.B.** | **√ If**  **Unified Partner** | **√ If**  **Uses Wheelchair** | **√ If**  **Uses A Ramp** | **Ramp Division (All)** | **Traditional Division** | **Unified Division** | **Junior or Senior** | **Modified Game Score** |
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| **Team Name** | **Athlete/Unified Partner Name** | **D.O.B.** | **√ If**  **Unified Partner** | **√ If**  **Uses Wheelchair** | **√ If**  **Uses A Ramp** | **Ramp Division (All)** | **Traditional Division** | **Unified Division** | **Junior or Senior** | **Modified Game Score** |
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1. Please check **only one** division category for each team – Ramp Division (All), Traditional Division or Unified Division
2. Ramp Division (All) – Everyone uses a ramp
3. Traditional Division – Non ramp, one, two or three athletes who use a ramp
4. Unified Division – Two athletes, two unified partners
5. If an athlete scratches the day of the event, the team will be allowed to compete with only three participants
6. Junior (8-21) and Senior (22+)
7. The oldest person on the team will determine their age bracket
8. **NO ALTERNATES** (maximize the roster)
9. 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.**