Special Olympics Iowa State Summer Games Registration Form

De	elegationAr	ea		
De	elegation Manager	E-mail address		
Da	ay Phone Number Ce *Please list only those numbers at which you are available	II Phone Number_ e to accept a call for Spec	cial Olympics busines	
	Number Attending	Males	Females	Total
	Athletes & Unified Partners			
	Coaches/Chaperones (anyone listed here must be included on coach/volunteer roster)			
	Staying in Dorms	Total # of people		Total Due
	Any/all registered delegation members staying in dorms (athletes, coaches, chaperones, Unified Sports partners, 1:1 staff, etc.)		x \$60	
	Delegation members staying in the dorms will also receive Thursday dinner, Friday breakfast, lunch and dinner, and Saturas part of their fee. Room and meal scratches must be made by May 5th to be eligible for a refund.			
	# of Vehicle Parking Permits Required (parking permits are only available to delegations registered to stay in the dorms)			
	Total Number of Dorm Rooms Requested			
	Total Number of Wheelchair Athletes Registered			
me tic Ch Ple be	eals only – If 10 or fewer members of your delegation are planning to eat eal. For groups of more than 10, please contact ISU's Department of Residents and arrange direct payment. Do not send payment to SOIA for meals necklist: Dease check that you have included the following with your registrate registered for the State Summer Games. If you do not have athlet try form so we know it wasn't missed.	dence Conference Serves (only) arranged with tion. If everything is	vices at (515) 294-8 lowa State Univers not received you	3384 by May 5th to ord sity. ur delegation may not
CII	try form so we know it wash t missed.			
	This completed registration form Coach/Volunteer Roster State Summer Games Dorm Room Assignments Form Competition Entry Forms: Bocce Entry Form Cycling Entry Form Seven-A-Side Soccer Team Entry Form Soccer Individual Skills Entry Form			
	Tennis Entry Form			
<u>Οι</u>	ur delegation will pay our fees for the State Summer Games by (che Withdrawal from our Centralized Account # Check (enclosed, made out to Special Olympics Iowa).	eck one):		

Please send all registration materials to <u>registrations@soiowa.org</u> or to Special Olympics Iowa 551 SE Dovetail Road, Grimes, IA 50111 by the appropriate deadline.

_ Check (request submitted, check will be sent separately).