**Special Olympics Iowa State Summer Games Registration Form**

Delegation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Area \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Delegation Manager\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Please list only those numbers at which you are available to accept a call for Special Olympics business.

|  |  |  |  |
| --- | --- | --- | --- |
| **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 Saturday breakfast as 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 or with a school bus) |  |
| **Total Number of Dorm Rooms Requested** |  |
| **Total Number of Wheelchair Athletes Registered** |  |

Meals only – If 10 or fewer members of your delegation are planning to eat at the residence halls, pay by cash or check in serving line at each meal. For groups of more than 10, please contact ISU’s Department of Residence Conference Services at (515) 294-8384 by May 5th to order tickets and arrange direct payment. Do not send payment to SOIA for meals (only) arranged with Iowa State University.

**Checklist:**

Please check that you have included the following with your registration. If everything is not received your delegation may not be registered for the State Summer Games. If you do not have athletes competing in a sport please put N/A on the line for that entry form so we know it wasn’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

Our delegation will pay our fees for the State Summer Games by (check one):

\_\_\_\_\_\_ Withdrawal from our Centralized Account # \_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_ Check (enclosed, made out to Special Olympics Iowa).

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

**Please send all registration materials to** **registrations@soiowa.org** **or to Special Olympics Iowa**

**551 SE Dovetail Road, Grimes, IA 50111 by the appropriate deadline.**