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.