**Special Olympics Iowa Tennis Entry Form**

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

Tennis Head Coach \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and / or Other Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total # of Tennis Athletes \_\_\_\_\_\_\_\_ Total # of Coaches/Chaperones/1:1 Staff \_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- |
| **Athlete or Unified Partner’s Name** | **Gender** | **D.O.B** | **√ If**  **Unified Partner** | **Event** | **Overall Rating** | **Doubles Team Name** |
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**Notes:**

1. Place the athlete’s total combined score for all skills in the Overall Rating column above.
2. 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.**