**Special Olympics Iowa Alpine Skiing Entry Form**

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

Alpine Skiing Head Coach \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**Athletes may register for two events.**

**Please indicate in the column of the events in which you want to register your athletes with B = Beginner, I = Intermediate or A = Advanced.**

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| **Athlete’s Name** | **Gender** | **D.O.B.** | **Weight** | **Height** | **Shoe****Size****Amer.** | **Slalom** | **Giant****Slalom** | **Super****Glide** | **Clinic** | **10M Glide** |
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**Notes:**

1. Please put OWN for ski length and shoe size if bringing own equipment (**Recommended**)
2. D.O.B. – Date of Birth (MM/DD/YY)
3. Please refer to the Special Olympics Inc. rules on the Clinic and 10M Glide

**\*Please send all registration materials to** **registrations@soiowa.org** **or to Special Olympics Iowa, 551 SE Dovetail Road, Grimes, IA 50111.**