**Special Olympics Iowa Figure Skating Entry Form**

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

Figure Skating Head Coach\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**Please put a check mark in the column of the events in which you want to register your athletes.**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Athlete or Unified Partner’s Name** | **Gender** | **D.O.B.** | **√ If**  **Unified Partner** | **Own**  **Skates / Skate Size** | **Skill Level**  **I, II or III** | **Singles** | **Doubles** | **Unified**  **Doubles** | **Doubles Partner Name** |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

**Notes:**

1. Please write “**Own**” if bringing own skates **(Recommended)** or skate size if needing skates
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.**