

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 or to Special Olympics Iowa, 551 SE Dovetail Road, Grimes, IA 50111.