Special Olympics Iowa Winter Games Registration Form

Delegation	Area			
Delegation Manager	E-mail address			
Day Phone Number*Please list only those numbers at which you are available	Cell Phone Numb to accept a call for Spec	er cial Olympics business		
Number Attending	Males	Females	Total	
Athletes				
Coaches/Chaperones				
Housing & Meals Plan	Number		Total Due	
Any registered delegation member staying in housing		x \$50		
Room and meal scratches must be made by January 2nd to be eligib	le for a refund.			
Meals Only Plan	Number		Total Due	
Any registered delegation member not staying in housing, but eating meals		x \$40		
Room and meal scratches must be made January 2nd to be eligible f	or a refund.		l .	
Meals (Indicate # per meal for each meal)	Breakfast		Dinner	
Monday				
Tuesday				
Lunch (Indicate # per meal for each lunch period)	Albrecht	Mystique	Alpine Skiing	Cross Country Skiing
Monday				
Tuesday				
Checklist: Please check that you have included the following with your regist may not be complete and your delegation may not be registered f competing in a sport please put N/A on the line for that entry forn	or Winter Games. I	f you do not have		ion
This completed registration form. Coach/Volunteer Roster Winter Games Housing Form				
Competition Entry Forms: Alpine Skiing Entry Form Cross Country Skiing Entry Form				
Figure Skating Entry Form Speed Skating Entry Form Snow Shoe Entry Form Snow Shoe Entry Form				
Payment for Housing and Meals Plan or Meals only Pla Sundown Mountain Resort Release of Liability (require				

Our delegation will pay our fees for Winter 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 <u>registrations@soiowa.org</u> or to Special Olympics Iowa 551 SE Dovetail Road, Grimes, IA 50111 by the appropriate deadline.