

## Special Olympics Iowa Winter Games Registration Form

Delegation \_\_\_\_\_ Area \_\_\_\_\_

Delegation Manager \_\_\_\_\_ E-mail address \_\_\_\_\_

Day Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

\*Please list only those numbers at which you are available to accept a call for Special 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 eligible 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 for a refund.				
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 registration. If everything is not received your registration may not be complete and your delegation may not be registered for Winter Games. If you do not have athletes competing in a sport please put N/A on the line for that entry form so we know it wasn't missed.

\_\_\_\_\_ 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

\_\_\_\_\_ Payment for Housing and Meals Plan or Meals only Plan

\_\_\_\_\_ Sundown Mountain Resort Release of Liability (required for all Alpine and Cross Country athletes, coaches, chaperones, etc.)

\_\_\_\_\_ Albrecht Acres Release of Liability (required for all Snowshoe athletes, coaches, chaperones, etc.)

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 [registrations@soiowa.org](mailto:registrations@soiowa.org) or to Special Olympics Iowa  
551 SE Dovetail Road, Grimes, IA 50111 by the appropriate deadline.**