**Special Olympics Iowa Snowshoeing Entry Form**

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

Snowshoeing Head Coach\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**Athletes may register for two individual events and one relay.**

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

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| **Athlete or Unified Partner’s Name** | **Gender** | **D.O.B.** | **√ If****Unified Partner** | **Own****Equip.** | **100M** | **200M** | **400M** | **800M** | **4 x 100M Relay** | **Team Name (4x100M Relay)**  |
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**Notes:**

1. Please check own equip. box if bringing own equipment (**Recommended**)
2. **NO ALTERNATES** (maximize the roster)
3. 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.**