**Special Olympics Iowa Speed Skating Entry Form**

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

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

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

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

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

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

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| **Athlete’s Name** | **Gender** | **D.O.B.** | **√ If**  **Unified Partner** | **Own**  **Skates** | **25M**  **Assist** | **25M** | **100M** | **300M** | **500M** | **2x100**  **Relay** | **4x100**  **Relay** | **Team Name**  **(2x100 & 4x100 Relay)** |
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**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.**