**SPECIAL OLYMPICS IOWA**
**CEDAR RAPIDS UNIFIED GOLF TOURNAMENT REGISTRATION FORM**
**3 OR 9-HOLE OFFERED**
**SATURDAY, AUGUST 27, 2016**

**Please complete the registration form below and submit to the State Office no later than Friday, August 5, 2016.**

**PLEASE NOTE: All athletes must have a current physical on file at the State Office in order to compete.**

GROUP/FACILITY/INDIVIDUAL: _____

CONTACT NAME: _____ PHONE: _____

ADDRESS: _____ CITY/STATE: _____ ZIP: _____

E-MAIL ADDRESS: _____

| ATHLETE NAME | SHIRT SIZE | DOB | HAVE CLUBS? | UNIFIED PARTNER NAME | SHIRT SIZE | 3 OR 9-HOLE |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

**Please note: If there is not a Unified Partner name filled in, the athlete will receive a partner on the day of the tournament.**
**Please send registration materials to the State Office at registrations@soiowa.org or**
**Special Olympics Iowa, 551 SE Dovetail Rd, PO Box 620, Grimes, IA 50111. Please call Jordan Allen with questions at 515-986-5520.**