

**SPECIAL OLYMPICS IOWA  
CHALLENGE DAY REGISTRATION FORM  
RUBY VAN METER SCHOOL- DES MOINES, IA**

Please complete the registration form below and submit to Wendy Olinger at [registrations@soiowa.org](mailto:registrations@soiowa.org)

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

GROUP/FACILITY/INDIVIDUAL: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

Athlete Registration				Volunteer Registration		
ATHLETE NAME	SHIRT SIZE	DOB	Does athlete use a wheelchair?	VOLUNTEER NAME	DOB	SHIRT SIZE
NUMBER OF ATHLETE LUNCHES NEEDED		NUMBER OF VOLUNTEER LUNCHES NEEDED		NUMBER OF EXTRA VOLUNTEERS NEEDED		

Please send registration materials to [registrations@soiowa.org](mailto:registrations@soiowa.org)

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