

Special Olympics Iowa Artistic Gymnastics Entry Form

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

Gymnastics Head Coach _____ E-mail Address _____

Cell Phone Number _____ and / or Other Phone Number _____

Total # of Coaches/Chaperones/1:1 Staff _____

Athletes may only register for three events within a category (artistic or rhythmic).

Athlete's Name	Gender	D.O.B.	Level A, B, I, II, III, IV	Female & Male Artistic Events			Female Only Artistic Events Uneven Bars	Male Only Artistic Events				
				Beam	Floor	Vault		Horizontal Bar	Parallel Bars	Pommel Horse	Rings	Single Bar

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

Notes:

1. Please indicate the level in the box under the event to indicate events the athlete will compete.
2. Current Compulsory Routines, Rules and Judging Sheets can be found for each sport at:
 - Artistic Gymnastics can be found at <http://www.specialolympics.org/Artistic-Gymnastics.aspx>
3. Athletes will be divisioned by the level indicated on this entry form and by age and gender where appropriate.
4. 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.