**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 \_\_\_\_\_

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| **Athlete’s Name** | **Gender** | **D.O.B.** | **Level**  **A, B, I, II, III, IV** | **Female & Male**  **Artistic Events** | | | **Female Only**  **Artistic Events** | **Male Only**  **Artistic Events** | | | | |
| **Beam** | **Floor** | **Vault** | **Uneven**  **Bars** | **Horizontal Bar** | **Parallel Bars** | **Pommel Horse** | **Rings** | **Single Bar** |
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**Athletes may only register for three events within a category (artistic or rhythmic).**

**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**](mailto:registrations@soiowa.org) **or to Special Olympics Iowa, 551 SE Dovetail Road, Grimes, IA 50111.**