**Special Olympics Iowa Flag Football Skills Entry Form**

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

Softball Skills Head Coach\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Total Number of Flag Football Skills Athletes \_\_\_\_\_\_\_\_ Total Number of Coaches/Chaperones/1:1 Staff \_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Athlete‘s Name** | **Gender** | **D.O.B** | **Catching** | **Throwing** | **Running** | **Flag Pulling** | **Total Score** |
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**Notes:**

1. Place the athlete’s score for each skill in the appropriate column and put the total of the four skills in the total column
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.**