

Special Olympics Iowa Area Swimming and Athletics Relay Entry Form

Delegation Name (Local Program) _____

Head Coach _____

Team Name	Athlete or Unified Partner's Name	√ if Unified Partner	Sport	Event	Team Best Time
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1. Please enter the team's name (ex: Sioux City #1) in the space below the team name label
2. Sport abbreviations (AQ=Aquatics, AT=Athletics)
3. **NO ALTERNATES** (maximize the roster)
4. Please refer to your area page on the soiowa.org website for directions on where to email the completed form