**Due to** [**registrations@soiowa.org**](mailto:registrations@soiowa.org) **by Friday, January 10, 2020.**

**Schedule:**

**Sunday**, January 26th 7:00-8:00pm—Assessment Night

Sunday, February 2nd- NO PROGRAM

**Sunday**, February 9th 7:00-8:00pm—Game 1

**Sunday**, February 16th 7:00-8:00pm—Game 2

**Sunday**, February 23rd 7:00-8:00pm—Game 3

**Sunday**, March 1st 7:00-8:00pm—Championship Game

**Location:** ­­­­518 W Locust St. Davenport, IA 52803

**Parking**: in lot located East of the Recreation Center, Northeast of Rogalski Center

DELEGATION/FACILITY/INDIVIDUAL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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| **ATHLETE NAME** | **ATHLETE DOB** | **CHAPERONE EMAIL ADDRESS (whomever takes athlete to program each evening)** \*this is used in case of cancellation or schedule changes—please provide\* |
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E-MAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* This program has a maximum number of spots available—please complete your registrations as soon possible!
* Athletes **MUST** be able to attend every night 1/26, 2/9, 2/16, 2/23, and 3/1
* Athletes **MUST** have a current Special Olympics Iowa physical on file at the state office.