

Special Olympics Iowa Bocce Team Entry Form

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

Bocce Head Coach _____ E-mail Address _____

Cell Phone Number _____ and / or Other Phone Number _____

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

Team Name	Athlete/Unified Partner Name	D.O.B.	√ If Unified Partner	√ If Uses Wheelchair or Walker	√ If Uses A Ramp	Ramp Division (All)	Traditional Division	Unified Division	Junior or Senior	Modified Game Score
Team Name	Athlete/Unified Partner Name	D.O.B.	√ If Unified Partner	√ If Uses Wheelchair or Walker	√ If Uses A Ramp	Ramp Division (All)	Traditional Division	Unified Division	Junior or Senior	Modified Game Score
Team Name	Athlete/Unified Partner Name	D.O.B.	√ If Unified Partner	√ If Uses Wheelchair or Walker	√ If Uses A Ramp	Ramp Division (All)	Traditional Division	Unified Division	Junior or Senior	Modified Game Score

1. Please check **only one** division category for each team – Ramp Division (All), Traditional Division or Unified Division
2. Ramp Division (All) – Everyone uses a ramp
3. Traditional Division – Non ramp, one, two or three athletes who use a ramp
4. Unified Division – Two athletes, two unified partners
5. If an athlete scratches the day of the event, the team will be allowed to compete with only three participants
6. Junior (8-21) and Senior (22+)
7. The oldest person on the team will determine their age bracket
8. **NO ALTERNATES** (maximize the roster)

9. 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.**