

Special Olympics Iowa Soccer Team Seven-A-Side Entry Form

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

Soccer Team Head Coach _____ E-mail Address _____

Cell Phone Number _____ and / or Other Phone Number _____

Team Name _____ Total # of Soccer Team Athletes _____ Total # of Coaches/Chaperones/1:1 Staff _____

Choose One: Unified Team _____ Traditional Team _____

| Athlete's Name | Gender | D.O.B | √ If Unified Partner | Total Soccer Team Assessment Score | Overall Rating (assessment score divided by 7) |
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| | | | | Overall Team Average | |

1. Maximum roster size for competition is 12
2. Teams must have at least 7 players available to start a game. Teams will forfeit any game for which they do not have at least 7 players available to start
3. Overall Team Average = add overall rating for each individual player and divide by the total number of athletes listed
4. Please do not submit the Soccer Team Skills Assessment for Individuals Forms for each of your athletes
5. **NO ALTERNATES** (maximize the roster)
6. 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.