

Special Olympics Iowa Alpine Skiing Entry Form

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

Alpine Skiing Head Coach _____ E-mail Address _____

Cell Phone Number _____ and / or Other Phone Number _____

Total # of Alpine Skiing Athletes _____ Total # of Coaches/Chaperones/1:1 Staff _____

Athletes may register for two events.

Please indicate in the column of the events in which you want to register your athletes with B = Beginner, I = Intermediate or A = Advanced.

Athlete's Name	Gender	D.O.B.	Weight	Height	Shoe Size Amer.	Slalom	Giant Slalom	Super Glide	Clinic	10M Glide

Notes:

1. Please put OWN for ski length and shoe size if bringing own equipment (**Recommended**)
2. D.O.B. – Date of Birth (MM/DD/YY)
3. Please refer to the Special Olympics Inc. rules on the Clinic and 10M Glide

***Please send all registration materials to registrations@soiowa.org or to Special Olympics Iowa, 551 SE Dovetail Road, Grimes, IA 50111.**