

### Special Olympics Iowa Cross Country Skiing Entry Form

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

Cross Country Skiing Head Coach \_\_\_\_\_ E-mail Address \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ and / or Other Phone Number \_\_\_\_\_

Total # of Cross Country Skiing Athletes \_\_\_\_\_ Total # of Coaches/Chaperones/1:1 Staff \_\_\_\_\_

**Athletes may only register for two events.**

**Please put a check mark in the column of the events in which you want to register your athletes.**

Athlete's Name	Gender	D.O.B.	Own Equip.	Shoe Size	100M	500M	1K

**Notes:**

- 1. Please note (check own equip. box) if the athlete is bringing their own equipment (**recommended**)
- 2. D.O.B. – Date of Birth (MM/DD/YY)

\*Please send all registration materials to [registrations@soiowa.org](mailto:registrations@soiowa.org) or to Special Olympics Iowa, 551 SE Dovetail Road, Grimes, IA 50111.