

Special Olympics Iowa Area Athletics Entry Form

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

Athletics Head Coach _____ E-mail Address _____

Cell Phone Number _____ and / or Other Phone Number _____

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

Athletes may enter two events and a relay

Athlete or Unified Partner's Name	Gender	D.O.B.	√ If Unified Partner	Event Name	Relay Team Name	Time/Distance

Notes:

1. Please complete the Area Aquatics and Athletics Relay Entry Form if you have athletes competing in the 4x100M Run or Walk relay
2. Please refer to your area page on the soiowa.org website for directions on where to email the completed form
3. D.O.B. – Date of Birth (MM/DD/YY)

