

## Special Olympics Iowa Area Swimming Entry Form

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

Aquatics Head Coach \_\_\_\_\_ E-mail Address \_\_\_\_\_

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

Total # of Aquatics 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 4x25 Freestyle Relay**
  2. Please refer to your area page on the [soiowa.org](http://soiowa.org) website for directions on where to email the completed form
  3. D.O.B. – Date of Birth (MM/DD/YY)