



## **Volunteer Registration Form**

Listed below are the volunteer opportunities for the Challenge Day. Please fill out this form and return it to: [registrations@soiowa.org](mailto:registrations@soiowa.org) or fax to 515-986-5530. Please help make this day successful for our Special Olympic athletes!

You don't have to have prior knowledge of any of the events to be a volunteer. We'll instruct you on whatever you choose to do. **Number your job choices 1, 2, and 3**

**8:45 – 9:15 AM: Volunteer Registration**  
**Lunch is provided for all volunteers**

- |                                           |                                          |
|-------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Bocce            | <input type="checkbox"/> Wall Pass       |
| <input type="checkbox"/> Ramp Bowling     | <input type="checkbox"/> Team Volleyball |
| <input type="checkbox"/> Race Walk        | <input type="checkbox"/> Team Basketball |
| <input type="checkbox"/> Golf             | <input type="checkbox"/> Lunch           |
| <input type="checkbox"/> Ball Darts       | <input type="checkbox"/> Registration    |
| <input type="checkbox"/> Shot Put         | <input type="checkbox"/> Photographer    |
| <input type="checkbox"/> Batting          | <input type="checkbox"/> Awards          |
| <input type="checkbox"/> Basketball Shoot |                                          |

Partner with an athlete: 9:00am – 2:00pm

Volunteers will partner with an athlete for the day. You will work as a team participating in all of the day's events. **As a partner to an athlete, you will need to commit for the entire day.**

**NAME:** \_\_\_\_\_ **BIRTHDATE** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**DAY PHONE:** \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

**ORGANIZATION:** \_\_\_\_\_ **Gender** \_\_\_ Female \_\_\_ Male

**T-SHIRT SIZE:**  Small  Medium  Large  X-Large  2x-Large  
 3x-Large  4x-Large  Youth Size S M L XL

**Do you want a lunch? (Spaghetti, applesauce, pudding)** \_\_\_ Yes \_\_\_ No

**Special Olympics Iowa**  
**551 Dovetail Road, P.O. Box 620**  
**Grimes, Iowa 50111**

**Email:** [registrations@soiowa.org](mailto:registrations@soiowa.org)

**This is a day of fun for our  
athletes and our volunteers!**

**Fax:** 515-986-5530