

## Special Olympics Iowa Area Swimming Entry Form

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

Swimming 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 Swimming and Athletics Relay Entry Form if you have athletes competing in the 4x25 Freestyle Relay**
  2. Please return this form to [registrations@soiowa.org](mailto:registrations@soiowa.org) by the appropriate registration deadline
  3. D.O.B. – Date of Birth (MM/DD/YY)