

## Special Olympics Iowa Area Swimming and Track Relay Entry Form

Delegation Name (Local Program) \_\_\_\_\_

Head Coach \_\_\_\_\_

Team Name	Athlete or Unified Partner's Name	✓ if Unified Partner	Sport	Event	Team Best Time
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1. Please enter the team's name (ex: Sioux City #1) in the space below the team name label
2. Sport abbreviations (AQ=Aquatics, AT=Athletics)
3. **NO ALTERNATES** (maximize the roster)
4. Please return this form to [registration@soiowa.org](mailto:registration@soiowa.org) by the appropriate registration deadline