Special Olympics Iowa Area Track & Field Entry Form

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

Track & Field Head Coach _____ E-mail Address_____

Cell Phone Number_____ and / or Other Phone Number _____

Total # of Track & Field 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 return this form to registrations@soiowa.org by the appropriate registration deadline
3. D.O.B. – Date of Birth (MM/DD/YY)

Revised 1/27/2022