Special Olympics Iowa Cycling Entry Form

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

Cycling Head Coach _____ E-mail address_____

Cell Phone Number_____ and / or Other Phone Number _____

Total # of Cycling Athletes _____ Total # of Coaches/Chaperones/1:1 Staff _____

Athletes may enter 2 events

Athlete or Unified Partner's Name	Gender	D.O.B.	√ If Unified Partner	Events	Preliminary Time	Team Name (if applicable)	Own Bike Yes/No

Notes:

1. Athletes are divisioned based on ability, so please make sure that accurate times are provided
2. We strongly encourage athletes to have and bring their own equipment
3. D.O.B. – Date of Birth (MM/DD/YY)

***Please send all registration materials to registrations@soiowa.org or to Special Olympics Iowa, 551 SE Dovetail Road, Grimes, IA 50111.**

Revised 7/13/2015