## **Special Olympics Iowa Soccer Skills Entry Form**

Delegation Name (local program)		Area (North, East, etc.)			
Soccer Skills Head Coach		E-mail Address			
Cell Phone Number		and / or Other Phone Number			
	Total # of Soccer Skills Athletes	Total # of Coaches/Chaperones/1:1 Staff			

Athlete's Name	Gender	D.O.B	Dribbling	Shooting	Run & Kick	Total

## Notes:

- 1. Place the athlete's score for each skill in the appropriate column and put the total of the three skills in the total column
- 2. This form must be completed and submitted to the area director by their entry due date if a soccer skills competition is held in the area
- 3. This form must be completed and submitted to the state office for all athletes competing at the State Summer Games
- 4. Athletes competing in Soccer Skills may not be registered as a member of a seven-a-side soccer team
- 5. D.O.B. Date of Birth (MM/DD/YY)

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