Special Olympics Iowa State Summer Games Registration Form

Delegation	Area E-mail address		
Delegation Manager			
Day Phone Number **Please list only those numbers at which you are avail	Cell Phone Nu	mber Il for Special Olympics bu	usiness.
Number Attending	Males	Females	Total
Athletes & Unified Partners			
Coaches/Chaperones (anyone listed here must be included on coach/volunteer roster)			
Staying in Dorms			
Any/all registered delegation members staying in dorms (athletes, coaches, chaperones, Unified Sports partners, 1:1 staff, etc.)		
Any member of a delegation staying in housing will receive Thursday I Saturday breakfast. Room and meal scratches must be made by May !		meals (breakfast, lund	ch, and dinner) and
# of Vehicle Parking Permits Required (parking permits are only available to delegations registered to stay in the dorms)			
Total Number of Dorm Rooms Requested			
Total Number of Wheelchair Athletes Registered			
Meals only – If 10 or fewer members of your delegation are planning to emeal. For groups of more than 10, please contact ISU's Department of R tickets and arrange direct payment. Do not send payment to SOIA for method the Checklist: Please check that you have included the following with your regist be registered for the State Summer Games. If you do not have ath entry form so we know it wasn't missed.	esidence Confere eals (only) arrang ration. If every	ence Services at (515) ged with Iowa State Ur withing is not received	294-8384 by May 5th to ord niversity. d your delegation may no
This completed registration form Coach/Volunteer Roster in each sport form State Summer Games Dorm Room Assignments Form			
Competition Entry Forms: Bocce Entry Form			
Cycling Entry Form			
Seven-A-Side Soccer Team Entry Form			
Soccer Individual Skills Entry Form			
Tennis Entry Form			

Please send all registration materials to <u>registrations@soiowa.org</u> or to Special Olympics Iowa 551 SE Dovetail Road, Grimes, IA 50111 by the appropriate deadline.