

Special Olympics Iowa Conference Softball Tournament Entry Form

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

Softball Head Coach _____ Team Name _____

E-mail Address _____ Cell Phone Number _____ and / or Other Phone Number _____

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

Please mark the ability level of your team (choose one): ___ Div. One ___ Div. Two ___ Div. Three ___ Div. Four ___ Developmental ___ Unified

Athlete or Unified Partner's Name	Gender	D.O.B	√ If Unified Partner	Total Softball Skill Assessment Score	Overall Rating (Assessment Score divided by 7)
				Overall Team Average	

1. Maximum roster size for competition is 15 for a traditional team and 16 for a Unified team (8 athletes/8 partners).
2. Overall Team Average = add overall rating for each individual player and divide by the total number of athletes listed
3. **NO ALTERNATES** (maximize the roster)
4. 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.