

# DELEGATION MANAGER FORM



Each delegation of Special Olympics Iowa will designate a Delegation Manager. The primary role of the Delegation Manager is to serve as a liaison between the delegation and the State Office. Responsibilities of the Delegation Manager include providing ongoing communication with the State Office, delegation volunteers including coaches, chaperones, athletes and athlete families and/or staff, submitting registration forms including entry forms and distributing Class A credentials to delegation members.

Delegation Name – City/Delegation Name or Last Name (Example: Grimes Dream Rollers)

Delegation Name \_\_\_\_\_

Delegation Manager Name (please only list one name) \_\_\_\_\_

E-mail address \_\_\_\_\_ Telephone \_\_\_\_\_ Home \_\_\_ Cell \_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Home \_\_\_ Facility \_\_\_ School \_\_\_

List the age range of athletes who are eligible to train and compete with your delegation \_\_\_\_\_

Are you accepting new athletes into your delegation at this time? Yes \_\_\_ No \_\_\_

Check the sports and/or special programs your delegation currently offers training and competition opportunities.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Alpine Skiing            | <input type="checkbox"/> Track & Field      | <input type="checkbox"/> Basketball           |
| <input type="checkbox"/> Basketball Skills        | <input type="checkbox"/> Bocce              | <input type="checkbox"/> Bowling              |
| <input type="checkbox"/> Cycling                  | <input type="checkbox"/> Cheerleading/Dance | <input type="checkbox"/> Cross Country Skiing |
| <input type="checkbox"/> Flag Football            | <input type="checkbox"/> Equestrian         | <input type="checkbox"/> Figure Skating       |
| <input type="checkbox"/> Golf                     | <input type="checkbox"/> Gymnastics         | <input type="checkbox"/> MATP - Training Days |
| <input type="checkbox"/> Powerlifting             | <input type="checkbox"/> Softball           | <input type="checkbox"/> Snowshoeing          |
| <input type="checkbox"/> Soccer                   | <input type="checkbox"/> Speed Skating      | <input type="checkbox"/> Swimming             |
| <input type="checkbox"/> Tennis                   | <input type="checkbox"/> Unified Sports     | <input type="checkbox"/> Volleyball           |
| <input type="checkbox"/> Young Athletes Play Days |   |   |

Please complete and submit the completed Delegation Manager Form to [classa@soiowa.org](mailto:classa@soiowa.org) or the State Office.