Special Olympics Iowa Flag Football Skills Entry Form

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

Softball Skills Head Coach_____ E-mail address_____

Cell Phone Number_____ and/or Other Phone Number _____

Total Number of Flag Football Skills Athletes _____ Total Number of Coaches/Chaperones/1:1 Staff _____

Athlete's Name	Gender	D.O.B	Catching	Throwing	Running	Flag Pulling	Total Score

Notes:

1. Place the athlete's score for each skill in the appropriate column and put the total of the four skills in the total column
2. 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.**

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