

## Special Olympics Iowa Alpine Skiing Entry Form

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

Alpine Skiing Head Coach \_\_\_\_\_ E-mail Address \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ and / or Other Phone Number \_\_\_\_\_

Total # of Alpine Skiing Athletes \_\_\_\_\_ Total # of Coaches/Chaperones/1:1 Staff \_\_\_\_\_

**Athletes may register for two events.**

**Please indicate in the column of the events in which you want to register your athletes with B = Beginner, I = Intermediate or A = Advanced.**

Athlete's Name	Gender	D.O.B.	Weight	Height	Ski Length	Shoe Size Amer.	Bindings Level I, II, III	Slalom	Giant Slalom	Super Glide	Clinic	10M Glide

**Notes:**

1. Please put OWN for ski length and shoe size if bringing own equipment (**Recommended**)
2. D.O.B. – Date of Birth (MM/DD/YY)
3. Please refer to the Special Olympics Inc. rules on the Clinic and 10M Glide

**\*Please send all registration materials to [registrations@soiowa.org](mailto:registrations@soiowa.org) or to Special Olympics Iowa, 551 SE Dovetail Road, Grimes, IA 50111.**