

## Special Olympics Iowa Snowshoeing Entry Form

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

Snowshoeing Head Coach \_\_\_\_\_ E-mail Address \_\_\_\_\_

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

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

**Athletes may register for two individual events and one relay.**

**Please put a check mark in the column(s) of the events in which you want to register your athletes.**

Athlete or Unified Partner's Name	Gender	D.O.B.	√ If Unified Partner	Own Equip.	100M	200M	400M	800M	4 x 100M Relay	Team Name (4x100M Relay)

**Notes:**

1. Please check own equip. box if bringing own equipment (**Recommended**)
2. **NO ALTERNATES** (maximize the roster)
3. D.O.B. – Date of Birth (MM/DD/YY)

\*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.