

## Special Olympics Iowa Area Swimming and Track Relay Entry Form

Delegation Name (Local Program) \_\_\_\_\_

Head Coach \_\_\_\_\_

Team Name	Athlete or Unified Partner's Name	√ if Unified Partner	Sport	Event	Team Best Time
Team Name	Athlete or Unified Partner's Name	√ if Unified Partner	Sport	Event	Team Best Time
Team Name	Athlete or Unified Partner's Name	√ if Unified Partner	Sport	Event	Team Best Time
Team Name	Athlete or Unified Partner's Name	√ if Unified Partner	Sport	Event	Team Best Time

1. Please enter the team's name (ex: Sioux City #1) in the space below the team name label
2. Sport abbreviations (SW=Swimming, T&F=Track & Field)
3. **NO ALTERNATES** (maximize the roster)
4. Please return this form to registration@soiowa.org by the appropriate registration deadline