

Special Olympics Iowa Area Swimming Entry Form

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

Swimming Head Coach _____ E-mail Address _____

Cell Phone Number _____ and / or Other Phone Number _____

Total # of Swimming Athletes _____ Total # of Coaches/Chaperones/1:1 Staff _____

Athletes may enter two events and a relay

Athlete or Unified Partner's Name	Gender	D.O.B	✓ If Unified Partner	Event Name	Relay Team Name	Time/Distance

Notes:

1. Please complete the Area Swimming and Track & Field Relay Entry Form if you have athletes competing in the 4x25 Freestyle Relay
2. Please return this form to registrations@soiowa.org by the appropriate registration deadline
3. D.O.B. – Date of Birth (MM/DD/YY)