

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
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1. Please enter the team's name (ex: DSM #1) in the space below the team name label
2. Sport abbreviations (SW = Swimming, TF = Track & Field)
3. **NO ALTERNATES** (maximize the roster)
4. Please return this form to registration@soiowa.org by the appropriate registration deadline