Special Olympics Iowa Flag Football Skills Entry Form

Delegation Name (local program)	Area (North, East, etc.)
Softball Skills Head Coach	E-mail address
Cell Phone Number	and/or Other Phone Number
Total Number of Flag Football Skills Ath	nletes Total Number of Coaches/Chaperones/1:1 Staff

Athlete's Name	Gender	D.O.B	Catching	Throwing	Running	Flag Pulling	Total Score

Notes:

1. Place the athlete's score for each skill in the appropriate column and put the total of the four skills in the total column

2. D.O.B. – Date of Birth (MM/DD/YY)

*Please send all registration materials to <u>registrations@soiowa.org</u> or to Special Olympics Iowa, 551 SE Dovetail Road, Grimes, IA 50111.