

## Special Olympics Iowa Bocce Singles Entry Form

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

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

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

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

Athlete's Name	Gender	D.O.B	✓ If Uses Wheelchair	✓ If Uses Ramp	Modified Game Score

1. Athletes may compete in both Four Person Team and Singles Bocce competition
2. Athletes who register to compete in Bocce Singles may not register to compete in Track & Field or Swimming events on Friday
3. Athletes will be divisioned based on age and ability. We will use the Junior (8-21) and Senior (22+) age groups for Singles competition just as we do for Four Person Team competition
4. 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.**