

Special Olympics Iowa Cycling Entry Form

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

Cycling Head Coach _____ E-mail address _____

Cell Phone Number _____ and / or Other Phone Number _____

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

Athletes may enter 2 events.

Please mark your event as Modified if you use a 3 wheeled bike.

[illegible]

Notes:

1. Athletes are divisioned based on ability, so please make sure that accurate times are provided
2. We only offer the following events in Modified, Traditional, and Unified: 250M (only offered as traditional and modified), 1K, 5K and 10K
3. We strongly encourage athletes to have and bring their own equipment

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