

Special Olympics Iowa Soccer Skills Entry Form

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

Soccer Skills Head Coach _____ E-mail Address _____

Cell Phone Number _____ and / or Other Phone Number _____

Total # of Soccer Skills Athletes _____ Total # of Coaches/Chaperones/1:1 Staff _____

Athlete's Name	Gender	D.O.B	Dribbling	Shooting	Run & Kick	Total

Notes:

1. Place the athlete's score for each skill in the appropriate column and put the total of the three skills in the total column
2. Athletes competing in Soccer Skills may not be registered as a member of a seven-a-side soccer team
3. D.O.B. – Date of Birth (MM/DD/YY)

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