## **Special Olympics Iowa Soccer Team Seven-A-Side Entry Form**

Delegation Name (local program)	Area (North, East, etc.)				
Soccer Team Head Coach		E-mail Address			
Cell Phone Number		and / or Other Phone Number			
eam Name		Total # of Soccer Team Athletes Total # of Coaches		Chaperones/1:1 Staff	
Choose One: Unified Team Traditional Team					
Athlete's Name	Gender	D.O.B	√ If Unified Partner	Total Soccer Team Assessment Score	Overall Rating (assessment score divided by 7)
			0	<b>A</b>	
			Overall Team Average (Total divided by the number of players)		

- 1. Maximum roster size for competition is 12
- 2. Teams must have at least 7 players available to start a game. Teams will forfeit any game for which they do not have at least 7 players available to start
- 3. Overall Team Average = add overall rating for each individual player and divide by the total number of athletes listed
- 4. Please do not submit the Soccer Team Skills Assessment for Individuals Forms for each of your athletes
- **5. NO ALTERNATES** (maximize the roster)

<sup>\*</sup>Please send all registration materials to <a href="mailto:registrations@soiowa.org">registrations@soiowa.org</a> or to Special Olympics Iowa, 551 SE Dovetail Road, Grimes, IA 50111.