

# Special Olympics Iowa Tennis Entry Form

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

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

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

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

[illegible]

**Notes:**

1. Place the athlete's total combined score for all skills in the Overall Rating column above.
2. 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.**