Special Olympics Iowa Bocce Skills 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	Date of Birth (MM/DD/YY)	√ If Uses Wheelchair	√ If Uses Ramp	√ for Skills 1	√ for Skills 2	Modified Game Score

1. Athletes may compete in both Four Person Team and Singles Bocce competition OR just Bocce Skills
2. 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

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

Revised 7/11/2023