

## Special Olympics Iowa Cornhole Entry Form

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

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

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

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

**Athletes may compete in Cornhole as well as another Winter Games Sport & will be paired up with a Unified Partner (University of Iowa Student)**

Athlete's Name	Gender	Date of Birth (MM/DD/YY)	Ability Level (High, Average, Low)

- Notes:**
1. Please indicate whether the athlete, based on the levels listed above is a high, average, or low ability level player  
\*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.