Special Olympics Iowa Cross Country Skiing Entry Form

Delegation Name (local program)	Area (North, East, etc.)				
Cross Country Skiing Head Coach	E-mail Address				
Cell Phone Number	and / or Other Phone Number				
Total # of Cross Country Skiing	g Athletes Total # of Coaches/Chaperones/1:1 Staff				
	etes may only register for two events.				
Please put a check mark in the o	column of the events in which you want to register your athletes.				

Athlete's Name	Gender	Date of Birth (MM/DD/YY)	Own Equip.	Shoe Size	100M	500M	1K

Notes:

^{1.} Please note (check own equip. box) if the athlete is bringing their own equipment (recommended)

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