## **Special Olympics Iowa Cycling Entry Form**

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Delegation Name (local program)				Area (North, East, etc.)			
Cycling Head Coach	E-mail address						
Cell Phone Number	and / or Other Phone Number						_
	Total # of Cy	cling Athletes		Total # of Coaches/Chaperones/1:1	Staff		
				ay enter 2 events.			
	<u>Plea</u>	<mark>ase mark your e</mark>	vent as Mo	<mark>odified if you use a 3 wheeled bi</mark>	<mark>ke.</mark>		
Athlete or Unified Partner's Name	Gender	Date of Birth (MM/DD/YY)	√ If Unified Partner	Events	Preliminary Time	Team Name (if applicable)	Own Bike Yes/No
		1	1				1

Notes:

1. Athletes are divisioned based on ability, so please make sure that accurate times are provided

2. We only offer the following events in Modified, Traditional, and Unified: 250M (only offered as traditional and modified), 1K, 5K and 10K

3. We strongly encourage athletes to have and bring their own equipment

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