Special Olympics Iowa Figure Skating Entry Form

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

Figure Skating Head Coach_____ E-mail Address_____

Cell Phone Number_____ and / or Other Phone Number _____

Total # of Figure Skating Athletes _____ Total # of Coaches/Chaperones/1:1 Staff _____

Please put a check mark in the column of the events in which you want to register your athletes.

Athlete or Unified Partner's Name	Gender	Date of Birth (MM/DD/YY)	√ If Unified Partner	Own Skates / Skate Size	Skill Level I, II or III	Singles	Doubles	Unified Doubles	Doubles Partner Name

Notes:

1. Please write "**Own**" if bringing own skates **(Recommended)** or skate size if needing skates

***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