Special Olympics Iowa Pickleball Entry Form

Delegation Name (local program)			Area (North, East, etc.)			
Pickleball Head Coach			E-mail Address			
Cell Phone Numberar			nd / or Other Phone Number			
Total # of Pickleball Athletes			Total # of Coaches/Chaperones/1:1 Staff			
Athlete or Unified Partner's Name	Gender	Date of Birth (MM/DD/YY)	√ If Unified Partner	Event (Skills, Singles, Doubles, Mixed Doubles, Unified Doubles)	Overall Assessment Score	Doubles Team Name

Notes:

1. Place the athlete's total combined score for all skills in the Overall Assessment Score column above.

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