

## Special Olympics Iowa Regional Team Softball Entry Form

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

Softball Head Coach \_\_\_\_\_ Team Name \_\_\_\_\_

E-mail Address \_\_\_\_\_ Cell Phone Number \_\_\_\_\_ and / or Other Phone Number \_\_\_\_\_

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

Please mark the ability level of your team (choose one): \_\_\_ Div. One \_\_\_ Div. Two \_\_\_ Div. Three \_\_\_ Div. Four \_\_\_ Developmental \_\_\_ Unified

Athlete or Unified Partner's Name	Gender	Date of Birth (MM/DD/YY)	√ If Unified Partner	Total Softball Skill Assessment Score	Overall Rating (Assessment Score divided by 7)
				<b>Overall Team Average</b> (Total divided by number of players)	

1. Maximum roster size for competition is 15 for a traditional team and 16 for a Unified team (8 athletes/8 partners).
  2. Overall Team Average = add overall rating for each individual player and divide by the total number of athletes listed
  3. **NO ALTERNATES** (maximize the roster)
- \*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.