# Special Olympics Iowa Snowshoeing Entry Form

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

Snowshoeing Head Coach_____ E-mail Address_____

Cell Phone Number_____ and / or Other Phone Number _____

Total # of Snowshoeing Athletes _____ Total # of Coaches/Chaperones/1:1 Staff _____

**Athletes may register for two individual events and one relay.**

**Please put a check mark in the column(s) 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 Equip. | 100M | 200M | 400M | 800M | 4 x 100M Relay | Team Name (4x100M Relay) |
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**Notes:**

1. Please check own equip. box if bringing own equipment (**Recommended**)
2. **NO ALTERNATES** (maximize the roster)

***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