

## Special Olympics Iowa Soccer Skills Entry Form

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

Soccer Skills Head Coach \_\_\_\_\_ E-mail Address \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ and / or Other Phone Number \_\_\_\_\_

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

Athlete's Name	Gender	Date of Birth (MM/DD/YY)	Dribbling	Shooting	Run & Kick	Total

**Notes:**

1. Place the athlete's score for each skill in the appropriate column and put the total of the three skills in the total column
2. Athletes competing in Soccer Skills may not be registered as a member of a seven-a-side soccer team

**\*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**