

## Special Olympics Iowa Soccer Team Seven-A-Side Entry Form

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

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

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

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

Choose One: Unified Team \_\_\_\_\_ Traditional Team \_\_\_\_\_

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

1. Maximum roster size for competition is 12
2. Teams must have at least 7 players available to start a game. Teams will forfeit any game for which they do not have at least 7 players available to start
3. Overall Team Average = add overall rating for each individual player and divide by the total number of athletes listed
4. Please do not submit the Soccer Team Skills Assessment for Individuals Forms for each of your athletes
5. **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.