

## Special Olympics Iowa Area Swimming Entry Form

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

Swimming Head Coach \_\_\_\_\_ E-mail Address \_\_\_\_\_

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

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

### **Athletes may enter two events and a relay**

<b>Athlete Name</b>	<b>Gender</b>	<b>Date of Birth (MM/DD/YY)</b>	<b>Event Name</b>	<b>Time/Distance</b>

- Notes:**
1. Please complete the Area Swimming Relay Entry Form if you have athletes competing in the 4x25 Freestyle Relay or the 4x25 Medley Relay
  2. Please return this form to [registrations@soiowa.org](mailto:registrations@soiowa.org) by the appropriate registration deadline