

Special Olympics Iowa Area Swimming Relay Entry Form

Delegation Name (Local Program) _____

Head Coach _____

Please list participants in the leg order they will be Swimming in (for Unified events the order should be Athlete, Unified Partner, Athlete, Unified Partner)

Team Name	Athlete or Unified Partner's Name	Gender	Date of Birth (MM/DD/YY)	√ if Unified Partner	Event	Team Best Time
	Leg 1:					
	Leg 2:					
	Leg 3:					
	Leg 4:					
Team Name	Athlete or Unified Partner's Name	Gender	Date of Birth (MM/DD/YY)	√ if Unified Partner	Event	Team Best Time
	Leg 1:					
	Leg 2:					
	Leg 3:					
	Leg 4:					
Team Name	Athlete or Unified Partner's Name	Gender	Date of Birth (MM/DD/YY)	√ if Unified Partner	Event	Team Best Time
	Leg 1:					
	Leg 2:					
	Leg 3:					
	Leg 4:					
Team Name	Athlete or Unified Partner's Name	Gender	Date of Birth (MM/DD/YY)	√ if Unified Partner	Event	Team Best Time
	Leg 1:					
	Leg 2:					
	Leg 3:					
	Leg 4:					

1. Please enter the team's name (ex: DSM #1) in the space below the team name label
2. **Swimming Relay** events (4x25yd Free Relay (Traditional & Unified), 4x25 Med Relay)
3. **NO ALTERNATES** (maximize the roster)