

Special Olympics Iowa Area Track Relay Entry Form

Delegation Name (Local Program) _____

Head Coach _____

Please list participants in the leg order they will be running 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. Track Relay events (4x25M Wheelchair relay, 4x100M Race Walk Relay (Traditional & Unified), 4x100M Run Relay (Traditional & Unified))
3. **NO ALTERNATES** (maximize the roster)