Special Olympics Iowa State Softball Tournament Registration Form

Delegation Delegation Manager			Area		
			E-mail address		
Day Phone Number	list only those numbers at	which you are available	Cell Phone Num	nberpecial Olympics business.	
					Total
Number Attending Athletes & Unified Partners			Males	Females	Total
Coaches/Chaperones (a coach/volunteer roster	nyone listed here mu	st be included on			
Event Numbers	Total				
# of Teams	1044.				
# of Skills Athletes					
Checklist: Please check that you ha received your delegation				•	verything is not
Softball Tear	n				
	registration form				
Coach/Voluntee	_				
Softball Team D	elegation Report (sees to your roster on this		•		
Softball Skills	s				
	z registration form				
Coach/Voluntee	•				
	elegation Report (se	nt from the State	Office)		
	es to your roster on this		•		

Notes

- The only changes allowed after the registration deadline will be scratches.
- You are responsible for checking ages, gender, and events.
- Athletes must have a current physical/release form on file at the State Office at the time of the registration deadline.
- Unified Partners (18+) must have a current Class A Volunteer Application on file with the State Office.
- All individuals listed on the Coach/Volunteer Roster must have a current Class A Volunteer Application
 on file with the State Office.

Please send all registration materials to registrations@soiowa.org or to Special Olympics Iowa