

Special Olympics Iowa Area Track Relay Entry Form

Delegation Name (Local Program) _____

Head Coach _____

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)