

Delegation Directory Request Form

**Special
Olympics**
Iowa



DELEGATION CONTACT INFORMATION

Contact First Name

Contact Last Name

Delegation Name

Delegation Location (City and/or County)

Phone*

Email*

**If filled out, this information will be listed publicly. Please provide at least one.*

Delegation Facebook (if applicable)

Delegation Instagram (if applicable)

GENERAL DELEGATION INFORMATION

Please list any information you would like on your delegation directory page. Examples include history, background, number of athletes, sports offered, if you have a static practice/meeting schedule and when, etc.

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By checking this box, I confirm I am the contact named above. I am responsible for the information provided. I understand and consent to have my information listed as written made public at the discretion of Special Olympics Iowa.

Signature

Date

Please submit completed forms along with any photos or documents you would like linked to your directory page to Megan Filipi, mfilipi@soiowa.org.