



# EKS Games Entry Form Instructions

## General Information:

The following instructions will assist you in completing the entry forms for the Special Olympics Indiana EKS Games. There are several entry deadlines for the EKS Games. Due dates are listed in the General Information section of EKS Games, as well as on each form. All entry materials for the EKS Games MUST be IN HOUSE by the designated dates. For computer entry and competition purposes, Unified partners are considered participants, NOT coaches. Please make that distinction when entering Unified teams and relays. Please write clearly, making marks heavy, dark and readable.

## Athlete Applications & Medicals:

All athletes are required to have an *Application for Participation* on file with the State Office (Part 1 only). Parts 1 and 2 and the *Medical Form* are to be kept on file with the County Program at all times. Athlete listings will be sent prior to events (see dates below), indicating that an application is on file and current. If an athlete is being registered for this event, and does not appear on this athlete listing, Part 1 of the application must be submitted with the entry form upon registration. Athlete Listings will be sent to programs the week of March 13, July 10, September 4, October 30 and December 18.

### 1. Delegation Entry Form:

The County Coordinator is responsible to be, or to name the Head of Delegation (HOD). A HOD is to be assigned for each venue of EKS Games, providing a cell phone number for emergency contact throughout the Games. The HOD is the person in charge of the entire delegation and is responsible for being onsite with athlete *Medical Forms* for the duration of the event. The County Coordinator signs forms to verify information.

### 2. Coach/Chaperone Entry Form:

List every coach and chaperone who will attend EKS Games. Check each venue where that individual will attend. No additions to the coach/chaperone list will be accepted after 12:00 p.m. on Tuesday, September 5, 2017. Once that is completed, proceed to the *Team & Relay Entry Form*. After all of a County Program's teams and relays are entered, proceed to enter athletes and Unified partners individually.

### 3. EKS Entry Forms:

We have provided space for 16 teams or relays. Should you need additional space, copy the *Team & Relay Entry Form* before starting. Print the names of the team or relay members on the lines provided. On Unified teams, be sure to circle "A" for each athlete or "P" for each Unified partner.

- ▶ Flag Football, Softball and Unified Volleyball: Team Quota Request forms, Final Rosters and Games Records forms are required for each of these sports. Instructions can be found in the EKS Games Rules Section of the Program Information Guide.
- ▶ Individual Entry Form: Complete one (1) form for each individual, traditional or Unified team entered.
- ▶ Golf: Complete one (1) form for EACH individual or Unified team entered.
- ▶ Equestrian: There is no entry score for Equestrian. Divisions will be based on each riders ability level and stride assistance specified.

### 4. Individual Entry Form:

Corn Toss, Distance Run & Walk, and Individual Skills Competition (Softball, Flag Football, Volleyball): complete one (1) form for each individual, traditional or Unified Sports® team entered.

Individual Skills Scorecards are to be used to determine the qualifying scores and are not to be used as entry forms.

# EKS GAMES - FLAG FOOTBALL TEAM QUOTA REQUEST

Due IN HOUSE to the State Office by Monday, June 19, 2017.

Copy form as needed.

Special Olympics Indiana; 6200 Technology Center Drive, Suite 105; Indianapolis, IN 46278, fax (317) 328-2018, or email [entries@soindiana.org](mailto:entries@soindiana.org).



## PROGRAM INFORMATION

PROGRAM NAME: \_\_\_\_\_ AREA: \_\_\_\_\_  
 COUNTY COORDINATOR: \_\_\_\_\_ CELL PHONE: (\_\_\_\_) \_\_\_\_\_

## DIRECTORY INFORMATION This information will be listed on the Team Directory.

COMPLETE SECTION IF DIFFERENT THAN THE COUNTY COORDINATOR.

NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_ CELL PHONE: (\_\_\_\_) \_\_\_\_\_

## TEAM INFORMATION

LEVEL: 1 = HIGH 2 = AVERAGE 3 = LOW

GENDER: M = MALE F = FEMALE

AGE GROUP: J = JUNIOR (15 & UNDER) S = SENIOR (21 & UNDER) M = MASTER (22 & OVER)

CLASS: T = TRADITIONAL U = UNIFIED SPORTS®

TEAM NAME	CLASS		AGE GROUP			GENDER		LEVEL		
	T	U	J	S	M	M	F	1	2	3
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CERTIFIED COACH: _____										
EMAIL: _____										
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CERTIFIED COACH: _____										
EMAIL: _____										
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CERTIFIED COACH: _____										
EMAIL: _____										
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CERTIFIED COACH: _____										
EMAIL: _____										
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CERTIFIED COACH: _____										
EMAIL: _____										

## FOR COUNTY COORDINATOR USE ONLY

By signing the line below, the County Coordinator verifies that all information and entry numbers are correct.

X \_\_\_\_\_  
 County Coordinator Signature Date

CONFIDENTIALITY NOTICE  
 This communication is for the sole use of the intended recipient(s) and may contain information that is confidential, privileged, or otherwise exempt from disclosure under applicable law. If you are not the intended recipient(s), the dissemination, distribution, or copying of this message is strictly prohibited. If you have received this communication in error, please contact the sender immediately and destroy all copies of the original message and any attachments. Receipt by anyone other than the named recipient(s) does not constitute a waiver of any applicable privilege.

# EKS GAMES - SOFTBALL TEAM QUOTA REQUEST

Due IN HOUSE to the State Office by Monday, June 19, 2017.

Copy form as needed.

Special Olympics Indiana; 6200 Technology Center Drive, Suite 105; Indianapolis, IN 46278, fax (317) 328-2018, or email [entries@soindiana.org](mailto:entries@soindiana.org).

## PROGRAM INFORMATION

PROGRAM NAME: \_\_\_\_\_ AREA: \_\_\_\_\_

COUNTY COORDINATOR: \_\_\_\_\_ CELL PHONE: (\_\_\_\_\_) \_\_\_\_\_

## DIRECTORY INFORMATION This information will be listed on the Team Directory.

COMPLETE SECTION IF DIFFERENT THAN THE COUNTY COORDINATOR.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_ CELL PHONE: (\_\_\_\_\_) \_\_\_\_\_

## TEAM INFORMATION

LEVEL: 1 = HIGH 2 = AVERAGE 3 = LOW

GENDER: M = MALE F = FEMALE

AGE GROUP: J = JUNIOR (15 & UNDER) S = SENIOR (21 & UNDER) M = MASTER (22 & OVER)

CLASS: DP = DESIGNATED PITCHER T = TRADITIONAL U = UNFIED

TEAM NAME	CLASS			AGE GROUP			GENDER		LEVEL		
	DP	T	U	J	S	M	M	F	1	2	3
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## FOR COUNTY COORDINATOR USE ONLY

By signing the line below, the County Coordinator verifies that all information and entry numbers are correct.

X \_\_\_\_\_  
County Coordinator Signature Date

**CONFIDENTIALITY NOTICE**  
This communication is for the sole use of the intended recipient(s) and may contain information that is confidential, privileged, or otherwise exempt from disclosure under applicable law. If you are not the intended recipient(s), the dissemination, distribution, or copying of this message is strictly prohibited. If you have received this communication in error, please contact the sender immediately and destroy all copies of the original message and any attachments. Receipt by anyone other than the named recipient(s) does not constitute a waiver of any applicable privilege.

# EKS GAMES - UNIFIED VOLLEYBALL TEAM QUOTA REQUEST

Due IN HOUSE to the State Office by Monday, June 19, 2017.

Copy form as needed.

Special Olympics Indiana; 6200 Technology Center Drive, Suite 105; Indianapolis, IN 46278, fax (317) 328-2018, or email [entries@soindiana.org](mailto:entries@soindiana.org).

## PROGRAM INFORMATION

PROGRAM NAME: \_\_\_\_\_ AREA: \_\_\_\_\_  
 COUNTY COORDINATOR: \_\_\_\_\_ CELL PHONE: (\_\_\_\_\_) \_\_\_\_\_

## DIRECTORY INFORMATION This information will be listed on the Team Directory.

COMPLETE SECTION IF DIFFERENT THAN THE COUNTY COORDINATOR.

NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_ CELL PHONE: (\_\_\_\_\_) \_\_\_\_\_

## TEAM INFORMATION

LEVEL: 1 = HIGH 2 = AVERAGE 3 = LOW

GENDER: M = MALE F = FEMALE

AGE GROUP: J = JUNIOR (15 & UNDER) S = SENIOR (21 & UNDER) M = MASTER (22 & OVER)

TEAM NAME	AGE GROUP			GENDER		LEVEL		
	J	S	M	M	F	1	2	3
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## FOR COUNTY COORDINATOR USE ONLY

By signing the line below, the County Coordinator verifies that all information and entry numbers are correct.

X \_\_\_\_\_  
 County Coordinator Signature Date

**CONFIDENTIALITY NOTICE**  
 This communication is for the sole use of the intended recipient(s) and may contain information that is confidential, privileged, or otherwise exempt from disclosure under applicable law. If you are not the intended recipient(s), the dissemination, distribution, or copying of this message is strictly prohibited. If you have received this communication in error, please contact the sender immediately and destroy all copies of the original message and any attachments. Receipt by anyone other than the named recipient(s) does not constitute a waiver of any applicable privilege.

# EKS GAMES - GOLF ENTRY FORM

Due IN HOUSE to the State Office by Monday, July 31, 2017.

Copy form as needed.

Special Olympics Indiana; 6200 Technology Center Drive, Suite 105; Indianapolis, IN 46278, fax (317) 328-2018, or email [entries@soindiana.org](mailto:entries@soindiana.org)

Complete one(1) form for each Individual or Unified Sports® Team entered.

County Program: \_\_\_\_\_

## Individual Skills Competition:

Athlete's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Event	Short Putt	Long Putt	Chip Shot	Wood Shot	TOTAL
Round 1 Score					
Round 2 Score					
Round 3 Score					
Round 4 Score					
Round 5 Score					
Round 6 Score					

## Individual Stroke Play:    3-Hole Competition    6-Hole Competition    9-Hole Competition

Athlete's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Round	Date	Round Score	Golf Course	Course Slope
1				
2				
3				
4				
5				
6				

## Unified Sports® Team Information:

Athlete's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Unified Partner's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Does this Unified team plan to advance to the State Championships, if they qualify?     Yes     No

Round	Date	9 - Hole Score <i>(playing alternate shot)</i>	Golf Course	Course Slope
1				
2				
3				
4				
5				
6				

### CONFIDENTIALITY NOTICE

This communication is for the sole use of the intended recipient(s) and may contain information that is confidential, privileged, or otherwise exempt from disclosure under applicable law. If you are not the intended recipient(s), the dissemination, distribution, or copying of this message is strictly prohibited. If you have received this communication in error, please contact the sender immediately and destroy all copies of the original message and any attachments. Receipt by anyone other than the named recipient(s) does not constitute a waiver of any applicable privilege.

# EKS GAMES - SOFTBALL TEAM FINAL ROSTER FORM

Due IN HOUSE to the State Office by Monday, July 31, 2017.

Copy form as needed.

Special Olympics Indiana; 6200 Technology Center Drive, Suite 105; Indianapolis, IN 46278,  
fax (317) 328-2018, or email [entries@soindiana.org](mailto:entries@soindiana.org)

## GENERAL INFORMATION

PROGRAM NAME: \_\_\_\_\_ AREA: \_\_\_\_\_

COUNTY COORDINATOR: \_\_\_\_\_ CELL PHONE: (\_\_\_\_) \_\_\_\_\_

## TEAM INFORMATION

HEAD COACH: \_\_\_\_\_

EMAIL: \_\_\_\_\_

CELL PHONE: (\_\_\_\_) \_\_\_\_\_

TEAM NAME: \_\_\_\_\_

### TEAM CLASSIFICATION

Category:	Type:	Gender:	Level:
<input type="checkbox"/> Traditional	<input type="checkbox"/> Junior	<input type="checkbox"/> Male	<input type="checkbox"/> 1
<input type="checkbox"/> Unified	<input type="checkbox"/> Senior	<input type="checkbox"/> Female	<input type="checkbox"/> 2
<input type="checkbox"/> Designated Pitcher	<input type="checkbox"/> Master		<input type="checkbox"/> 3

## FINAL ROSTER

NAME OF ATHLETE (First Name, Last Name)	DATE OF BIRTH (MM/DD/YY)	TYPE
1.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
2.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
3.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
4.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
5.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
6.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
7.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
8.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
9.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
10.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
11.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
12.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
13.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
14.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
15.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
16.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
17.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner

## DESIGNATED PITCHER TEAMS

We request the Softball Sport Management Team supply the Designated Pitcher for our team:  Yes  No

### CONFIDENTIALITY NOTICE

This communication is for the sole use of the intended recipient(s) and may contain information that is confidential, privileged, or otherwise exempt from disclosure under applicable law. If you are not the intended recipient(s), the dissemination, distribution, or copying of this message is strictly prohibited. If you have received this communication in error, please contact the sender immediately and destroy all copies of the original message and any attachments. Receipt by anyone other than the named recipient(s) does not constitute a waiver of any applicable privilege.

# EKS GAMES - DELEGATION ENTRY FORM

Due IN HOUSE to the State Office by Monday, August 7, 2017.

Copy form as needed.

Special Olympics Indiana; 6200 Technology Center Drive, Suite 105; Indianapolis, IN 46278,  
fax (317) 328-2018, or email [entries@soindiana.org](mailto:entries@soindiana.org)

## PROGRAM INFORMATION

PROGRAM NAME: \_\_\_\_\_ AREA: \_\_\_\_\_

COUNTY COORDINATOR: \_\_\_\_\_ CELL PHONE: (\_\_\_\_\_) \_\_\_\_\_

## RIDING CENTER INFORMATION (EQUESTRIAN ONLY)

RIDING CENTER NAME: \_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_\_

HEAD COACH: \_\_\_\_\_ CELL PHONE: (\_\_\_\_\_) \_\_\_\_\_

EMAIL: \_\_\_\_\_

## ENTRY NUMBERS SUMMARY

Number of Teams - CORN TOSS TRADITIONAL DOUBLES (21')= \_\_\_\_\_

Number of Teams - CORN TOSS TRADITIONAL DOUBLES (30')= \_\_\_\_\_

Number of Teams - CORN TOSS UNIFIED DOUBLES (30')= \_\_\_\_\_

Number of Participants - DISTANCE RUN & WALK = \_\_\_\_\_

Number of Participants - EQUESTRIAN= \_\_\_\_\_

Number of Campsites Reserved (*Equestrian Only*)= \_\_\_\_\_

Number of Bales of Horse Bedding (*Equestrian Only*) = \_\_\_\_\_

Number of Participants - GOLF INDIVIDUAL SKILLS = \_\_\_\_\_

Number of Participants - GOLF INDIVIDUAL STROKE PLAY (*3, 6, or 9-hole*)= \_\_\_\_\_

Number of GOLF UNIFIED SPORTS® TEAMS = \_\_\_\_\_

Number of Participants - FLAG FOOTBALL INDIVIDUAL SKILLS= \_\_\_\_\_

Number of Participants - SOFTBALL INDIVIDUAL SKILLS= \_\_\_\_\_

Number of Participants - VOLLEYBALL INDIVIDUAL SKILLS= \_\_\_\_\_

## FOR COUNTY COORDINATOR USE ONLY

By signing the line below, the County Coordinator verifies that all information and entry numbers are correct.

X \_\_\_\_\_  
County Coordinator Signature Date

CONFIDENTIALITY NOTICE  
This communication is for the sole use of the intended recipient(s) and may contain information that is confidential, privileged, or otherwise exempt from disclosure under applicable law. If you are not the intended recipient(s), the dissemination, distribution, or copying of this message is strictly prohibited. If you have received this communication in error, please contact the sender immediately and destroy all copies of the original message and any attachments. Receipt by anyone other than the named recipient(s) does not constitute a waiver of any applicable privilege.

# EKS GAMES - COACH/CHAPERONE ENTRY FORM

Due IN HOUSE to the State Office by Monday, August 7, 2017.

Copy form as needed.

Special Olympics Indiana; 6200 Technology Center Drive, Suite 105; Indianapolis, IN 46278, fax (317) 328-2018, or email [entries@soindiana.org](mailto:entries@soindiana.org)

## GENERAL INFORMATION

PROGRAM NAME: _____	AREA: _____
COUNTY COORDINATOR: _____	CELL PHONE: (____) _____

## HEAD OF DELEGATION

Please name a Head of Delegation for each venue from your County Program who will attend EKS Games and be onsite with medical the entire time of event. Check all that apply.

HCF = Hendricks County Fairgrounds; HSGC = Hickory Stick Golf Course; MWSC = Midwest Sports Complex

FIRST Name	LAST Name	CELL PHONE NUMBER	Brebeuf CT/DRW FF/VB	HCF EQ	HSGC GO	MWSC SB
1.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## COACH/CHAPERONE LIST

Please list every coach/chaperone from your County Program who will attend EKS Games. Check all that apply.

HCF = Hendricks County Fairgrounds; HSGC = Hickory Stick Golf Course; MWSC = Midwest Sports Complex

8.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# EKS GAMES - EQUESTRIAN ENTRY FORM

Due IN HOUSE to the State Office by Monday, August 7, 2017.

Copy form as needed.

Special Olympics Indiana; 6200 Technology Center Drive, Suite 105; Indianapolis, IN 46278, fax (317) 328-2018, or email [entries@soindiana.org](mailto:entries@soindiana.org)

COMPLETE ONE (1) FORM FOR EACH INDIVIDUAL ENTERED (ATHLETE AND UNIFIED PARTNER).

## RIDER'S INFORMATION

RIDING CENTER: \_\_\_\_\_  ATHLETE  PARTNER

RIDER'S NAME: \_\_\_\_\_  MALE  FEMALE

ADDITIONAL CONSIDERATIONS:  USES WHEELCHAIR  VISUAL IMPAIRMENT  HEARING IMPAIRMENT

EVENT <small>Level B &amp; C riders are limited to two (2) mounted &amp; two (2) unmounted classes.</small>	Level A		Level B		Level C	
	S	I	S	I	S	I
BARREL RACE (TIMED EVENT)						
DRESSAGE						
DRILL TEAM - 2 PERSON						
DRILL TEAM - 4 PERSON						
DRIVING (UNMOUNTED)						
ENGLISH EQUITATION (RAIL)						
ENGLISH TRAIL						
GROOMING AND TACKING (UNMOUNTED)						
HORSE PART IDENTIFICATION (UNMOUNTED)						
PRIX CAPRILLI						
SHOWMANSHIP (UNMOUNTED)						
SPOON RACE						
STAKE RACE (TIMED EVENT)						
TEAM RELAY						
UNIFIED SPORTS® DRILL TEAM - 2 PERSON						
UNIFIED SPORTS® DRILL TEAM - 4 PERSON						
UNIFIED SPORTS® TEAM RELAY						
WESTERN EQUITATION (RAIL)						
WESTERN RIDING (PATTERN)						
WESTERN TRAIL						

- Shaded areas indicate level not available in that event  
 - Horses are limited to 6 times in the arena for mounted classes  
 - All mounted events must be performed at the same level  
 - All unmounted events must be performed at the same level

Level A = walk, trot, and canter  
 Level B = walk and trot  
 Level C = walk

S = Supported/Assisted  
 I = Independent

## STRIDE ASSISTANCE STATUS (PLACE AN X IN THE APPROPRIATE BOX)

ASSISTANCE NEEDED	WALK	SITTING TROT	POSTING TROT	JOG	ALT GAIT
HORSE HANDLER - CLIPPED ON					
HORSE HANDLER - UNCLIPPED					
ONE SIDE WALKER					
TWO SIDE WALKERS					

CONFIDENTIALITY NOTICE  
 This communication is for the sole use of the intended recipient(s) and may contain information that is confidential, privileged, or otherwise exempt from disclosure under applicable law. If you are not the intended recipient(s), the dissemination, distribution, or copying of this message is strictly prohibited. If you have received this communication in error, please contact the sender immediately and destroy all copies of the original message and any attachments. Receipt by anyone other than the named recipient(s) does not constitute a waiver of any applicable privilege.

# EKS GAMES - EQUESTRIAN RIDER PROFILE

Due **IN HOUSE** to the State Office by **Monday, August 7, 2017.**

Copy form as needed.

Special Olympics Indiana; 6200 Technology Center Drive, Suite 105; Indianapolis, IN 46278, fax (317) 328-2018, or email [entries@soindiana.org](mailto:entries@soindiana.org)

**COMPLETE ONE (1) FORM FOR EACH INDIVIDUAL ENTERED (ATHLETE AND UNIFIED PARTNER).**

## RIDER INFORMATION

NAME: \_\_\_\_\_  **ATHLETE**  **PARTNER**  
DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_  **MALE**  **FEMALE**  
ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_  
RIDER'S EXPERIENCE: \_\_\_\_\_ YEARS \_\_\_\_\_ MONTHS COMPETITION DIVISION LEVEL: \_\_\_\_\_  
*BASED ON THE SPECIAL OLYMPICS RIDER SKILL LEVEL DEFINITIONS*

## MEDICAL STATUS

DISABILITY (OTHER THAN INTELLECTUAL DISABILITY): \_\_\_\_\_  
REQUIRED FOR PEOPLE WITH DOWN SYNDROME:  
**ATLANTO-AXIAL INSTABILITY NEGATIVE AND DETERMINED BY A PHYSICIAN:**  **YES**  **NO**

## MOBILITY STATUS (CHECK ALL THAT APPLY)

**MOBILE IN WHEELCHAIR:**  **DEPENDENT**  **PROPELS SELF**  **ELECTRIC**  
**AMBULATORY WITH ASSISTANCE FROM:**  **WALKER**  **CANES**  **CRUTCHES**

## SPECIAL CONSIDERATIONS (IF ANY)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## HORSE INFORMATION

HORSE NAME: \_\_\_\_\_ AGE: \_\_\_\_\_  
BREED: \_\_\_\_\_  
COLOR: \_\_\_\_\_  
**EXPERIENCE AS A THERAPY HORSE:**  **YES**  **NO** # OF YEARS: \_\_\_\_\_  
NAME OF OTHER RIDER WHO SHARE HORSE: \_\_\_\_\_

ACCORDING TO SPECIAL OLYMPICS, INC. RULES, ONLY TWO (2) RIDERS MAY SHARE THE SAME HORSE.

*\*\*\*Important to note that this information is necessary when we schedule divisions within classes. We can be sure that riders using the same horse are not scheduled in the arena at the same time. Also, if the horse is in back-to-back classes with different riders, we can facilitate the switch over.\*\*\**

### CONFIDENTIALITY NOTICE

This communication is for the sole use of the intended recipient(s) and may contain information that is confidential, privileged, or otherwise exempt from disclosure under applicable law. If you are not the intended recipient(s), the dissemination, distribution, or copying of this message is strictly prohibited. If you have received this communication in error, please contact the sender immediately and destroy all copies of the original message and any attachments. Receipt by anyone other than the named recipient(s) does not constitute a waiver of any applicable privilege.

# EKS GAMES - EQUESTRIAN TEAM & RELAY ENTRY FORM

Due IN HOUSE to the State Office by Monday, August 7, 2017.

Copy form as needed.

Special Olympics Indiana; 6200 Technology Center Drive, Suite 105; Indianapolis, IN 46278,  
 Fax (317) 328-2018, or email [entries@soindiana.org](mailto:entries@soindiana.org)

- Instructions: 1. Print the name of the event.  
 2. Print the score (if required) for the team. A score is required for relay teams (time), Unified Sports® teams.  
 3. Print names of team members, including alternates if you have them. Circle A = Athlete P = Unified Partner

COUNTY PROGRAM: \_\_\_\_\_

<b>Team #</b> <b>01</b>	<b>Event Name:</b> _____
	<b>Score:</b> _____
1.	_____ A P
2.	_____ A P
3.	_____ A P
4.	_____ A P
Alt	_____ A P
Alt	_____ A P

<b>Team #</b> <b>02</b>	<b>Event Name:</b> _____
	<b>Score:</b> _____
1.	_____ A P
2.	_____ A P
3.	_____ A P
4.	_____ A P
Alt	_____ A P
Alt	_____ A P

<b>Team #</b> <b>03</b>	<b>Event Name:</b> _____
	<b>Score:</b> _____
1.	_____ A P
2.	_____ A P
3.	_____ A P
4.	_____ A P
Alt	_____ A P
Alt	_____ A P

<b>Team #</b> <b>04</b>	<b>Event Name:</b> _____
	<b>Score:</b> _____
1.	_____ A P
2.	_____ A P
3.	_____ A P
4.	_____ A P
Alt	_____ A P
Alt	_____ A P

<b>Team #</b> <b>05</b>	<b>Event Name:</b> _____
	<b>Score:</b> _____
1.	_____ A P
2.	_____ A P
3.	_____ A P
4.	_____ A P
Alt	_____ A P
Alt	_____ A P

<b>Team #</b> <b>06</b>	<b>Event Name:</b> _____
	<b>Score:</b> _____
1.	_____ A P
2.	_____ A P
3.	_____ A P
4.	_____ A P
Alt	_____ A P
Alt	_____ A P

<b>Team #</b> <b>07</b>	<b>Event Name:</b> _____
	<b>Score:</b> _____
1.	_____ A P
2.	_____ A P
3.	_____ A P
4.	_____ A P
Alt	_____ A P
Alt	_____ A P

<b>Team #</b> <b>08</b>	<b>Event Name:</b> _____
	<b>Score:</b> _____
1.	_____ A P
2.	_____ A P
3.	_____ A P
4.	_____ A P
Alt	_____ A P
Alt	_____ A P

# EKS GAMES - SOFTBALL TEAM GAME RECORDS FORM

Due IN HOUSE to the State Office by Monday, August 7, 2017.

Copy form as needed.

Special Olympics Indiana; 6200 Technology Center Drive, Suite 105; Indianapolis, IN 46278, fax (317) 328-2018, or email [entries@soindiana.org](mailto:entries@soindiana.org)

## GENERAL INFORMATION

PROGRAM NAME: \_\_\_\_\_ AREA: \_\_\_\_\_

COUNTY COORDINATOR: \_\_\_\_\_ CELL PHONE: (\_\_\_\_) \_\_\_\_\_

## TEAM INFORMATION

HEAD COACH: \_\_\_\_\_

EMAIL: \_\_\_\_\_

CELL PHONE: (\_\_\_\_) \_\_\_\_\_

TEAM NAME: \_\_\_\_\_

### TEAM CLASSIFICATION

Category:	Type:	Gender:	Level:
<input type="checkbox"/> Traditional	<input type="checkbox"/> Junior	<input type="checkbox"/> Male	<input type="checkbox"/> 1
<input type="checkbox"/> Unified	<input type="checkbox"/> Senior	<input type="checkbox"/> Female	<input type="checkbox"/> 2
<input type="checkbox"/> Designated Pitcher	<input type="checkbox"/> Master		<input type="checkbox"/> 3

## GAME RECORDS

List **ALL** games played including those played during tournaments, leagues, or within your county. Make note of games where you're missing key players, team had an "off" night, or if there were unusual circumstances. **The opposing coach MUST sign your game record!**

DATE	OPPONENT	OUR SCORE	OPPONENT'S SCORE	Our team was...				
				Much Better	Somewhat Better	Similar	Somewhat Worse	Much Worse
<b>Notes:</b>				<b>Opposing Coach's Signature:</b> _____				
<b>Notes:</b>				<b>Opposing Coach's Signature:</b> _____				
<b>Notes:</b>				<b>Opposing Coach's Signature:</b> _____				
<b>Notes:</b>				<b>Opposing Coach's Signature:</b> _____				
<b>Notes:</b>				<b>Opposing Coach's Signature:</b> _____				

### CONFIDENTIALITY NOTICE

This communication is for the sole use of the intended recipient(s) and may contain information that is confidential, privileged, or otherwise exempt from disclosure under applicable law. If you are not the intended recipient(s), the dissemination, distribution, or copying of this message is strictly prohibited. If you have received this communication in error, please contact the sender immediately and destroy all copies of the original message and any attachments. Receipt by anyone other than the named recipient(s) does not constitute a waiver of any applicable privilege.

# EKS GAMES - FLAG FOOTBALL FINAL ROSTER FORM

Due **IN HOUSE** to the State Office by **Monday, August 7, 2017.**

Copy form as needed.

Special Olympics Indiana; 6200 Technology Center Drive, Suite 105; Indianapolis, IN 46278,  
fax (317) 328-2018, or email [entries@soindiana.org](mailto:entries@soindiana.org)



## GENERAL INFORMATION

PROGRAM NAME: \_\_\_\_\_ AREA: \_\_\_\_\_  
 COUNTY COORDINATOR: \_\_\_\_\_ CELL PHONE: (\_\_\_\_\_) \_\_\_\_\_

## TEAM INFORMATION

CERTIFIED HEAD COACH: _____ EMAIL: _____ CELL PHONE: (_____) _____ TEAM NAME: _____	TEAM CLASSIFICATION			
	Category:	Type:	Gender:	Level:
<input type="checkbox"/> Traditional	<input type="checkbox"/> Junior	<input type="checkbox"/> Male	<input type="checkbox"/> 1	
<input type="checkbox"/> Unified	<input type="checkbox"/> Senior	<input type="checkbox"/> Female	<input type="checkbox"/> 2	
	<input type="checkbox"/> Master		<input type="checkbox"/> 3	

## FINAL ROSTER

NAME OF ATHLETE (First Name, Last Name)	DATE OF BIRTH (MM/DD/YY)	TYPE
1.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
2.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
3.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
4.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
5.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
6.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
7.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
8.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
9.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
10.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
11.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
12.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner

**CONFIDENTIALITY NOTICE**  
 This communication is for the sole use of the intended recipient(s) and may contain information that is confidential, privileged, or otherwise exempt from disclosure under applicable law. If you are not the intended recipient(s), the dissemination, distribution, or copying of this message is strictly prohibited. If you have received this communication in error, please contact the sender immediately and destroy all copies of the original message and any attachments. Receipt by anyone other than the named recipient(s) does not constitute a waiver of any applicable privilege.

# EKS GAMES - UNIFIED SPORTS® VOLLEYBALL FINAL ROSTER FORM

Due IN HOUSE to the State Office by Monday, August 7, 2017.

Copy form as needed.

Special Olympics Indiana; 6200 Technology Center Drive, Suite 105; Indianapolis, IN 46278,  
fax (317) 328-2018, or email [entries@soindiana.org](mailto:entries@soindiana.org)

## GENERAL INFORMATION

PROGRAM NAME: \_\_\_\_\_ AREA: \_\_\_\_\_  
COUNTY COORDINATOR: \_\_\_\_\_ CELL PHONE: (\_\_\_\_) \_\_\_\_\_

## TEAM INFORMATION

HEAD COACH: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
CELL PHONE: (\_\_\_\_) \_\_\_\_\_  
TEAM NAME: \_\_\_\_\_

### TEAM CLASSIFICATION

<b>Type:</b>	<b>Gender:</b>	<b>Level:</b>
<input type="checkbox"/> Junior	<input type="checkbox"/> Male	<input type="checkbox"/> 1
<input type="checkbox"/> Senior	<input type="checkbox"/> Female	<input type="checkbox"/> 2
<input type="checkbox"/> Master		<input type="checkbox"/> 3

## FINAL ROSTER

NAME OF ATHLETE (First Name, Last Name)	DATE OF BIRTH (MM/DD/YY)	TYPE
1.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
2.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
3.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
4.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
5.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
6.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
7.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
8.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
9.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
10.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
11.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
12.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner

### CONFIDENTIALITY NOTICE

This communication is for the sole use of the intended recipient(s) and may contain information that is confidential, privileged, or otherwise exempt from disclosure under applicable law. If you are not the intended recipient(s), the dissemination, distribution, or copying of this message is strictly prohibited. If you have received this communication in error, please contact the sender immediately and destroy all copies of the original message and any attachments. Receipt by anyone other than the named recipient(s) does not constitute a waiver of any applicable privilege.

# EKS GAMES - INDIVIDUAL ENTRY FORM

Due IN HOUSE to the State Office by Monday, August 7, 2017.

Copy form as needed.

Special Olympics Indiana; 6200 Technology Center Drive, Suite 105; Indianapolis, IN 46278, fax (317) 328-2018, or email [entries@soindiana.org](mailto:entries@soindiana.org)

**Special  
Olympics  
Indiana**



COMPLETE ONE (1) FORM FOR EACH INDIVIDUAL, TRADITIONAL TEAM OR UNIFIED SPORTS® TEAM ENTERED.

COUNTY PROGRAM: \_\_\_\_\_

## PARTICIPANT(S) INFORMATION

NAME: _____	DOB: _____	<input type="checkbox"/> ATHLETE	<input type="checkbox"/> PARTNER
NAME: _____	DOB: _____	<input type="checkbox"/> ATHLETE	<input type="checkbox"/> PARTNER
NAME: _____	DOB: _____	<input type="checkbox"/> ATHLETE	<input type="checkbox"/> PARTNER
TEAM NAME: _____			

INDIVIDUAL EVENTS	TEAM EVENTS
-------------------	-------------

### CORN TOSS

THERE ARE NO INDIVIDUAL EVENTS.	<table border="0" style="width:100%"> <tr> <td style="width:70%;"></td> <td style="text-align:right">PLAYER 1 / PLAYER 2</td> </tr> <tr> <td><input type="checkbox"/> TRADITIONAL DOUBLES - 21 FEET</td> <td style="text-align:right">IND. SCORE: ____/____</td> </tr> <tr> <td><input type="checkbox"/> TRADITIONAL DOUBLES - 30 FEET</td> <td style="text-align:right">IND. SCORE: ____/____</td> </tr> <tr> <td><input type="checkbox"/> UNIFIED DOUBLES</td> <td style="text-align:right">IND. SCORE: ____/____</td> </tr> </table>		PLAYER 1 / PLAYER 2	<input type="checkbox"/> TRADITIONAL DOUBLES - 21 FEET	IND. SCORE: ____/____	<input type="checkbox"/> TRADITIONAL DOUBLES - 30 FEET	IND. SCORE: ____/____	<input type="checkbox"/> UNIFIED DOUBLES	IND. SCORE: ____/____
	PLAYER 1 / PLAYER 2								
<input type="checkbox"/> TRADITIONAL DOUBLES - 21 FEET	IND. SCORE: ____/____								
<input type="checkbox"/> TRADITIONAL DOUBLES - 30 FEET	IND. SCORE: ____/____								
<input type="checkbox"/> UNIFIED DOUBLES	IND. SCORE: ____/____								

### DISTANCE RUN & WALK

<input type="checkbox"/> 1-MILE WALK      _____ MIN      _____ SEC <input type="checkbox"/> 3000M RUN      _____ MIN      _____ SEC <input type="checkbox"/> 3000M WALK      _____ MIN      _____ SEC <input type="checkbox"/> 5000M RUN      _____ MIN      _____ SEC <input type="checkbox"/> 5000M WALK      _____ MIN      _____ SEC	<input type="checkbox"/> UNIFIED 3000M RUN      _____ MIN      _____ SEC <input type="checkbox"/> UNIFIED 3000M WALK      _____ MIN      _____ SEC <input type="checkbox"/> UNIFIED 5000M RUN      _____ MIN      _____ SEC <input type="checkbox"/> UNIFIED 5000M WALK      _____ MIN      _____ SEC
--	--

### INDIVIDUAL SKILL COMPETITION

<input type="checkbox"/> SOFTBALL SKILLS      IND. SCORE: _____ <input type="checkbox"/> FLAG FOOTBALL SKILLS      IND. SCORE: _____ <input type="checkbox"/> VOLLEYBALL SKILLS      IND. SCORE: _____	THERE ARE NO TEAM EVENTS.
--	---------------------------

**CONFIDENTIALITY NOTICE**

This communication is for the sole use of the intended recipient(s) and may contain information that is confidential, privileged, or otherwise exempt from disclosure under applicable law. If you are not the intended recipient(s), the dissemination, distribution, or copying of this message is strictly prohibited. If you have received this communication in error, please contact the sender immediately and destroy all copies of the original message and any attachments. Receipt by anyone other than the named recipient(s) does not constitute a waiver of any applicable privilege.

# EKS GAMES - FLAG FOOTBALL GAME RECORDS FORM

Due IN HOUSE to the State Office by Monday, August 21, 2017.

Copy form as needed.

Special Olympics Indiana; 6200 Technology Center Drive, Suite 105; Indianapolis, IN 46278, fax (317) 328-2018, or email [entries@soindiana.org](mailto:entries@soindiana.org)



## GENERAL INFORMATION

PROGRAM NAME: \_\_\_\_\_ AREA: \_\_\_\_\_

COUNTY COORDINATOR: \_\_\_\_\_ CELL PHONE: (\_\_\_\_) \_\_\_\_\_

## TEAM INFORMATION

HEAD COACH: \_\_\_\_\_

EMAIL: \_\_\_\_\_

CELL PHONE: (\_\_\_\_) \_\_\_\_\_

TEAM NAME: \_\_\_\_\_

### TEAM CLASSIFICATION

Category:	Type:	Gender:	Level:
<input type="checkbox"/> Traditional	<input type="checkbox"/> Junior	<input type="checkbox"/> Male	<input type="checkbox"/> 1
<input type="checkbox"/> Unified	<input type="checkbox"/> Senior	<input type="checkbox"/> Female	<input type="checkbox"/> 2
	<input type="checkbox"/> Master		<input type="checkbox"/> 3

## GAME RECORDS

List **ALL** games played including those played during tournaments, leagues, or within your county. Make note of games where you're missing key players, team had an "off" night, or if there were unusual circumstances. **The opposing coach MUST sign your game record!**

DATE	OPPONENT	OUR SCORE	OPPONENT'S SCORE	Our team was...					
				Much Better	Somewhat Better	Similar	Somewhat Worse	Much Worse	

Notes: \_\_\_\_\_  
Opposing Coach's Signature: \_\_\_\_\_

--	--	--	--	--	--	--	--	--	--

Notes: \_\_\_\_\_  
Opposing Coach's Signature: \_\_\_\_\_

--	--	--	--	--	--	--	--	--	--

Notes: \_\_\_\_\_  
Opposing Coach's Signature: \_\_\_\_\_

--	--	--	--	--	--	--	--	--	--

Notes: \_\_\_\_\_  
Opposing Coach's Signature: \_\_\_\_\_

--	--	--	--	--	--	--	--	--	--

Notes: \_\_\_\_\_  
Opposing Coach's Signature: \_\_\_\_\_

--	--	--	--	--	--	--	--	--	--

Notes: \_\_\_\_\_  
Opposing Coach's Signature: \_\_\_\_\_

### CONFIDENTIALITY NOTICE

This communication is for the sole use of the intended recipient(s) and may contain information that is confidential, privileged, or otherwise exempt from disclosure under applicable law. If you are not the intended recipient(s), the dissemination, distribution, or copying of this message is strictly prohibited. If you have received this communication in error, please contact the sender immediately and destroy all copies of the original message and any attachments. Receipt by anyone other than the named recipient(s) does not constitute a waiver of any applicable privilege.



# EKS GAMES - UNIFIED SPORTS® VOLLEYBALL GAME RECORDS FORM

Due IN HOUSE to the State Office by Monday, August 21, 2017.

Copy form as needed.

Special Olympics Indiana; 6200 Technology Center Drive, Suite 105; Indianapolis, IN 46278,  
 Fax (317) 328-2018, or email [entries@soindiana.org](mailto:entries@soindiana.org)

## GENERAL INFORMATION

PROGRAM NAME: \_\_\_\_\_ AREA: \_\_\_\_\_

COUNTY COORDINATOR: \_\_\_\_\_ CELL PHONE: (\_\_\_\_) \_\_\_\_\_

## TEAM INFORMATION

HEAD COACH: \_\_\_\_\_

EMAIL: \_\_\_\_\_

CELL PHONE: (\_\_\_\_) \_\_\_\_\_

TEAM NAME: \_\_\_\_\_

### TEAM CLASSIFICATION

Category:	Type:	Gender:	Level:
<input type="checkbox"/> Unified	<input type="checkbox"/> Junior	<input type="checkbox"/> Male	<input type="checkbox"/> 1
	<input type="checkbox"/> Senior	<input type="checkbox"/> Female	<input type="checkbox"/> 2
	<input type="checkbox"/> Master		<input type="checkbox"/> 3

## GAME RECORDS

List **ALL** games played including those played during tournaments, leagues, or within your county. Make note of games where you're missing key players, team had an "off" night, or if there were unusual circumstances. **The opposing coach MUST sign your game record!**

DATE	OPPONENT	OUR SCORE	OPPONENT'S SCORE	Our team was...				
				Much Better	Somewhat Better	Similar	Somewhat Worse	Much Worse
<b>Notes:</b>				<b>Opposing Coach's Signature:</b> _____				
<b>Notes:</b>				<b>Opposing Coach's Signature:</b> _____				
<b>Notes:</b>				<b>Opposing Coach's Signature:</b> _____				
<b>Notes:</b>				<b>Opposing Coach's Signature:</b> _____				
<b>Notes:</b>				<b>Opposing Coach's Signature:</b> _____				

### CONFIDENTIALITY NOTICE

This communication is for the sole use of the intended recipient(s) and may contain information that is confidential, privileged, or otherwise exempt from disclosure under applicable law. If you are not the intended recipient(s), the dissemination, distribution, or copying of this message is strictly prohibited. If you have received this communication in error, please contact the sender immediately and destroy all copies of the original message and any attachments. Receipt by anyone other than the named recipient(s) does not constitute a waiver of any applicable privilege.