SUMMER GAMES COACH/CHAPERONE ENTRY FORM

Due IN HOUSE to the State Office by **Monday, May 8, 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



| GENERAL INFORMATION: | | | | | | |
|--|------------|-----------|------------------------------|----|-----------------|-------------------------|
| PROGRAM NAME: | | | AREA: | | | |
| HOD: | | | CELL PHONE: () | | | |
| COACH/CHAPERONE LIST: | | | | | | |
| Please list every coach/chaperone from your County Program who will attend Summer Games. | | | | | | |
| | FIRST Name | LAST Name | Gender Male/Female | | HOUSING: ISU | HOUSING: Rose-Hulman |
| DO NOT LIST UNIFIED PARTNERS ACTING IN A CHAPERONE ROLE IN THIS SECTION. | 1. | | □м | □F | | |
| | 2. | | □м | □F | | |
| | 3. | | □м | □F | | |
| | 4. | | □М | □F | | |
| | 5. | | □M | □F | | |
| | 6. | | □М | □F | | |
| | 7. | | □М | □F | | |
| | 8. | | □м | □F | | |
| | 9. | | □м | □F | | |
| | 10. | | □м | □F | | |
| | 11. | | □м | □F | | |
| | 12. | | □м | □F | | |
| | 13. | | □м | □F | | |
| | 14. | | □М | □F | | |
| | 15. | | □M | □F | | |
| LIST UNIFIED PARTNERS WHO ALSO WILL BE CHAPERONES DURING THE GAMES: | | | | | | |
| AN INDIVIDUAL ENTRY FORM MUST BE SUBMITTED FOR ALL UNIFIED PARTNERS LISTED HERE. | 1. | | □м | □F | | |
| | 2. | | □м | □F | | |
| | 3. | | □м | □F | | |
| | 4. | | □м | □F | | |
| | 5. | | □м | □F | | |
| | 6. | | □м | □F | | |
| | 7. | | □м | □F | | |
| | 8. | | □м | □F | | |
| | 9. | | □м | □F | | |