

# SUMMER GAMES INDIVIDUAL 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](mailto:entries@soindiana.org)

**Special  
Olympics  
Indiana**



Instructions: After completing the *Team & Relay Entry Form* for your delegation, complete this form for each athlete and Unified partner entered for Summer Games (including team members). If properly trained, a participant may enter a maximum of two (2) sports and a maximum of four (4) events in all; three (3) event-limit in Cycling. For Track & Field competitors, all events must be in one (1) level only. Check each event entered and place the appropriate score or Team # (from the *Team & Relay Entry Form*) in the space.

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

LAST Name

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FIRST Name

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Month                      Date                      Year

Date of Birth

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- |                                 |   |  |
|---------------------------------|---|--|
| <input type="checkbox"/> Male   | <input type="checkbox"/> Uses Wheelchair    | <input type="checkbox"/> Athlete         |
| <input type="checkbox"/> Female | <input type="checkbox"/> Visual Impairment  | <input type="checkbox"/> Unified Partner |
|                                 | <input type="checkbox"/> Hearing Impairment |  |

## BOCCE (30 years and over)

<input type="checkbox"/> Traditional 4-Person Team	Individual Score _____	Team # _____
<input type="checkbox"/> Traditional Doubles	Individual Score _____	Team # _____
<input type="checkbox"/> Unified 4-Person Team	Individual Score _____	Team # _____
<input type="checkbox"/> Unified Doubles	Individual Score _____	Team # _____
<input type="checkbox"/> Alternate	Individual Score _____	

## BOWLING

<input type="checkbox"/> Assisted Ramp	Individual Avg. _____
<input type="checkbox"/> Traditional Doubles	Individual Avg. _____ Team # _____
<input type="checkbox"/> Unified Doubles	Individual Avg. _____ Team # _____

## CYCLING

ALL CYCLISTS & TANDEMS - submit 1K time, regardless of event.		MIN	SEC
<input type="checkbox"/> 500m Time Trial - Level 3	<input type="checkbox"/> 500 Adaptive Tandem - Level 10	_____	_____
<input type="checkbox"/> 1K Time Trial - Levels 3, 4, 5	<input type="checkbox"/> 1K Adaptive Tandem - Level 10	_____	_____
<input type="checkbox"/> 2K Time Trial - Levels 3 thru 8	<input type="checkbox"/> 2K Adaptive Tandem - Level 10	_____	_____
<input type="checkbox"/> 5K Time Trial - Levels 4, 6, 8, 9	Team # _____	_____	_____
<input type="checkbox"/> 2K Road Race - Levels 6, 7, 9	<input type="checkbox"/> 1K Unified Tandem - Level 11	_____	_____
<input type="checkbox"/> 5K Road Race - Levels 5, 7, 8, 9	<input type="checkbox"/> 2K Unified Tandem - Level 11	_____	_____
<input type="checkbox"/> 500m Adaptive Cycle Time Trial - Level 1	<input type="checkbox"/> 5K Unified Tandem - Level 11	_____	_____
<input type="checkbox"/> 1K Adaptive Cycle Time Trial - Levels 1, 2	Team # _____	_____	_____
<input type="checkbox"/> 2K Adaptive Cycle Time Trial - Levels 1, 2		_____	_____
<input type="checkbox"/> 5K Adaptive Cycle Time Trial - Level 2		_____	_____

## VOLLEYBALL

<input type="checkbox"/> Traditional Volleyball Team	Team Name _____
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## HORSESHOES (30 years and over)

CIRCLE DISTANCES					
<input type="checkbox"/> Singles	10'	20'	30'	40'	Individual Score _____
<input type="checkbox"/> Doubles	10'	20'	30'	40'	
	Individual Score _____		Team # _____		
<input type="checkbox"/> Unified Doubles	20'	30'	40'		
	Individual Score _____		Team # _____		

## POWERLIFTING (14 years and over)

<input type="checkbox"/> 148 lbs. and under	<input type="checkbox"/> 199 - 220 lbs.
<input type="checkbox"/> 149 - 165 lbs.	<input type="checkbox"/> 221 - 242 lbs.
<input type="checkbox"/> 166 - 181 lbs.	<input type="checkbox"/> 243 - 300 lbs.
<input type="checkbox"/> 182 - 198 lbs.	<input type="checkbox"/> 301 lbs. and over

## EVENTS

<input type="checkbox"/> Bench Press	Best Lift _____
<input type="checkbox"/> Deadlift	Best Lift _____
<input type="checkbox"/> Squat	Best Lift _____
<input type="checkbox"/> Combination (check only)	

## TRIATHLON

<input type="checkbox"/> Individual Triathlon	
<input type="checkbox"/> Triathlon Relay	Team # _____
EVENTS <i>(Individuals provide times for all three events and relays select event and provide time.)</i>	
<input type="checkbox"/> 100m Swim	Individual Time _____ MIN _____ SEC
<input type="checkbox"/> 4-Mile Bike	Individual Time _____ MIN _____ SEC
<input type="checkbox"/> 1-Mile Run	Individual Time _____ MIN _____ SEC