

# SUMMER GAMES TEAM & RELAY 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: 1. Print the name of the event.  
 2. Print the score (if required) for the team.  
 3. Print names of team members, including alternates if you have them. Circle **A** = Athlete **P** = Unified Partner

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

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

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

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

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

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

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

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

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