

# 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 #</b> <b>09</b>	Event Name: _____
	Score: _____
1. _____	A P
2. _____	A P
3. _____	A P
4. _____	A P
Alt _____	A P
Alt _____	A P

<b>Team #</b> <b>10</b>	Event Name: _____
	Score: _____
1. _____	A P
2. _____	A P
3. _____	A P
4. _____	A P
Alt _____	A P
Alt _____	A P

<b>Team #</b> <b>11</b>	Event Name: _____
	Score: _____
1. _____	A P
2. _____	A P
3. _____	A P
4. _____	A P
Alt _____	A P
Alt _____	A P

<b>Team #</b> <b>12</b>	Event Name: _____
	Score: _____
1. _____	A P
2. _____	A P
3. _____	A P
4. _____	A P
Alt _____	A P
Alt _____	A P

<b>Team #</b> <b>13</b>	Event Name: _____
	Score: _____
1. _____	A P
2. _____	A P
3. _____	A P
4. _____	A P
Alt _____	A P
Alt _____	A P

<b>Team #</b> <b>14</b>	Event Name: _____
	Score: _____
1. _____	A P
2. _____	A P
3. _____	A P
4. _____	A P
Alt _____	A P
Alt _____	A P

<b>Team #</b> <b>15</b>	Event Name: _____
	Score: _____
1. _____	A P
2. _____	A P
3. _____	A P
4. _____	A P
Alt _____	A P
Alt _____	A P

<b>Team #</b> <b>16</b>	Event Name: _____
	Score: _____
1. _____	A P
2. _____	A P
3. _____	A P
4. _____	A P
Alt _____	A P
Alt _____	A P