

SUMMER GAMES UNIFIED TRACK & FIELD TEAM 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



PROGRAM INFORMATION:

PROGRAM NAME: _____ TEAM NAME: _____
HEAD COACH: _____ COACH'S EMAIL: _____

EVENTS: (AN INDIVIDUAL EVENT IS LIMITED TO 2 ATHLETES AND 2 PARTNERS; A RELAY TEAM ENTRY REQUIRES 2 ATHLETES AND 2 PARTNERS - ONLY COMBINATION ALLOWED)

RUNNING LONG JUMP

ATHLETE NAME: _____ SCORE: _____ PARTNER NAME: _____ SCORE: _____
ATHLETE NAME: _____ SCORE: _____ PARTNER NAME: _____ SCORE: _____

SHOT PUT

ATHLETE NAME: _____ SCORE: _____ PARTNER NAME: _____ SCORE: _____
ATHLETE NAME: _____ SCORE: _____ PARTNER NAME: _____ SCORE: _____

MINI JAVELIN THROW

ATHLETE NAME: _____ SCORE: _____ PARTNER NAME: _____ SCORE: _____
ATHLETE NAME: _____ SCORE: _____ PARTNER NAME: _____ SCORE: _____

100 METER DASH

ATHLETE NAME: _____ TIME: _____ PARTNER NAME: _____ TIME: _____
ATHLETE NAME: _____ TIME: _____ PARTNER NAME: _____ TIME: _____

200 METER DASH

ATHLETE NAME: _____ TIME: _____ PARTNER NAME: _____ TIME: _____
ATHLETE NAME: _____ TIME: _____ PARTNER NAME: _____ TIME: _____

400 METER DASH

ATHLETE NAME: _____ TIME: _____ PARTNER NAME: _____ TIME: _____
ATHLETE NAME: _____ TIME: _____ PARTNER NAME: _____ TIME: _____

800 METER RUN

ATHLETE NAME: _____ TIME: _____ PARTNER NAME: _____ TIME: _____
ATHLETE NAME: _____ TIME: _____ PARTNER NAME: _____ TIME: _____

1500 METER RUN

ATHLETE NAME: _____ TIME: _____ PARTNER NAME: _____ TIME: _____
ATHLETE NAME: _____ TIME: _____ PARTNER NAME: _____ TIME: _____

4 X 100 METER RELAY

TIME: _____

ATHLETE NAME: _____ PARTNER NAME: _____
ATHLETE NAME: _____ PARTNER NAME: _____

4 X 400 METER RELAY

TIME: _____

ATHLETE NAME: _____ PARTNER NAME: _____
ATHLETE NAME: _____ PARTNER NAME: _____