



# Summer Games Entry Form Instructions

## General Information:

The following instructions will assist you in completing the entry packet for the Special Olympics Indiana Summer Games. The entry deadline for the 2017 Special Olympics Indiana Summer Games is Monday, May 8, 2017. All entry materials for the Summer Games MUST be IN HOUSE by this date. For computer, housing, and competition purposes, Unified partners are considered participants, NOT coaches. Please make that distinction when entering Unified teams and relays. Please write clearly, making marks heavy, dark and readable.

## 1. Delegation Entry Form:

The County Coordinator is considered the Head of Delegation (HOD) or is responsible for naming the HOD. The HOD is the person in charge of the entire delegation. Only the HOD will receive communications from the State Office. A street address is required. If the HOD will be housed in a residence hall on Indiana State University's or on Rose-Hulman's campus, he/she will need to be entered again as a coach. Each HOD is required to provide a cell phone number which will be on throughout the Games to be used for contact in emergency situations.

## 2. Coach/Chaperone Entry Form:

List all the coaches and chaperones who will need housing at Summer Games. Parents, bus drivers, residential staff, etc. must be official members of the delegation to be housed and must be listed on the appropriate forms. Once that is completed, proceed to the *Team & Relay Entry Form*. After all of a County Program's teams and relays are entered, then proceed to enter athletes and Unified partners individually. No additions to the coach/chaperone list will be accepted after 12:00 p.m. on Tuesday, May 23, 2017.

## 3. Team & Relay Entry Form:

We have provided space for 16 teams or relays. Should you need additional space, copy the *Team & Relay Entry Form* before starting. Print the names of the team or relay members on the lines provided. On Unified teams, be sure to circle "A" for each athlete or "P" for each Unified partner.

- ▶ Bowling  
For the Doubles Bowling events (traditional and Unified), record EACH of the members' scores on this form. On the athletes' *Individual Entry Forms*, please list the team number for that event and the person's individual average. There are to be no alternates for bowling. If an individual is unable to compete, a blind score will be used in team competition.
- ▶ Bocce  
The score for a Bocce doubles or 4-person team is the SUM of each members qualifying score from Page 73. Alternates may be listed and scores must be provided.
- ▶ Cycling  
There is no entry score for cycling. Divisions will be based on preliminary time trials at Summer Games.
- ▶ Horseshoes  
The score for an individual entrant is determined by completing the scorecard on Page 80. The doubles team score is the SUM of both players.
- ▶ Powerlifting  
Coaches should identify the athletes proper weight class. After this step, coaches should mark the appropriate event(s) and the athletes current best lift per event.
- ▶ Swimming  
Place the time for relay teams on this form. List competitors in the order in which they will swim.
- ▶ Track & Field  
The score for relay teams is the total time for the four (4) members to complete the event. Designate the order the participants are to run. Up to two (2) alternates may be listed, but may be only used once per event. Being listed as an alternate counts towards the athlete's/Unified partner's three (3) event maximum. When entering a Unified Track & Field Team, use the *Individual Entry Form* for each team member and the *Unified Track & Field Team Entry Form* (Page 154) for the team.
- ▶ Triathlon  
Place the time for relay teams on this form. List competitors in the order in which they will compete (swim, bike, run).
- ▶ Volleyball  
This sport does not require an entry score. Teams will be divisioned on site at the Summer Games. The HOD should complete the *Volleyball Final Roster Form* (Page 155). All players are required to play in the evaluation round in order to participate in the round robin play and finals.

## 4. Individual Entry Form (Copy the number of entry forms needed):

The Individual Entry Form is two (2) pages. Swimming and Track & Field entries are on one (1) page (Page 152). All other sports are on the second page (Page 153).

Enter one (1) athlete or Unified partner per page. Athletes may be entered in a maximum of two (2) sports and up to four (4) events; three (3) events in Swimming, three (3) events in Cycling, and three (3) events in Track & Field (2 field event maximum). Competitors need not be entered alphabetically. Enter the athlete's/Unified partner's last name, first name, and gender. The date of birth should be recorded with month, day, and year. For example, if an athlete's birth date is June 12, 1967, you will record it as: 06/12/67.

Check ALL events, including team/relay events, in which the athlete/Unified partner will participate:

- a. Place the TEAM # on the line if the event is a team or relay. If an athlete enters bowling, place the Team # and the athlete's single game average - NOT the total of the team score.
- b. Record the time, distance, or points for each event. An athlete's best time or distance should be used as a qualification score.

All heights and distances are to be recorded using the METRIC system. A conversion chart has been included on Page 91 of this *Program Information Guide* for your convenience if you do not have a metric measuring tape. If an athlete enters an event which requires no score, such as volleyball, checking the event and listing the Team # is all that is required.

# SUMMER GAMES BOWLING QUOTA REQUEST

Due IN HOUSE to the State Office by Monday, March 27, 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)

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The Coordinator for a County Program seeking to have athletes participate in Bowling for the 2017 Summer Games must submit a *Bowling Request Form* to the State Office by the deadline. The State Office will then send each County Coordinator the number of bowlers the County Program can actually enter for Summer Games.

## GENERAL INFORMATION:

PROGRAM NAME: \_\_\_\_\_ AREA: \_\_\_\_\_

COUNTY COORDINATOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_ CELL PHONE: (\_\_\_\_\_) \_\_\_\_\_

## QUOTA DISTRIBUTION:

Bowling numbers will be distributed based upon all requests submitted prior to the deadline. While early submission is encouraged, distribution is NOT based upon a first-come, first-served basis.

BOWLING EVENT	REQUESTED NUMBER  RAMP BOWLERS	REQUESTED NUMBER  TEAMS
<b>RAMP BOWLING</b> Indicate the number of <b>INDIVIDUAL</b> Ramp Bowlers your delegation is requesting.		
<b>TRADITIONAL DOUBLES</b> Indicate the number of Traditional Doubles <b>TEAMS</b> your delegation is requesting.		
<b>UNIFIED DOUBLES</b> Indicate the number of Unified Doubles <b>TEAMS</b> your delegation is requesting.		

## STATE OFFICE CONTACT:

Scott Mingle  
+1 800 742 0612 ext. 228  
[smingle@soindiana.org](mailto:smingle@soindiana.org)



# 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](mailto:entries@soindiana.org)

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## 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.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>
	2.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>
	3.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>
	4.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>
	5.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>
	6.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>
	7.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>
	8.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>
	9.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>
	10.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>
	11.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>
	12.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>
	13.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>
	14.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>
	15.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>

## 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.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>
	2.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>
	3.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>
	4.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>
	5.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>
	6.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>
	7.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>
	8.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>
	9.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>

# SUMMER GAMES TEAM & RELAY ENTRY FORM

Due IN HOUSE to the State Office by Monday, May 8, 2017.

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

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

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

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

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

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

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

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

# SUMMER GAMES TEAM & RELAY ENTRY FORM

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

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

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

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

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

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

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

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



# SUMMER GAMES INDIVIDUAL ENTRY FORM

Due IN HOUSE to the State Office by Monday, May 8, 2017.

Copy form as needed.

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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

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

FIRST Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of Birth

	Month		Date		Year														
--	-------	--	------	--	------	--	--	--	--	--	--	--	--	--	--	--	--	--	--

- |                                 |                                             |                                          |
|---------------------------------|---------------------------------------------|------------------------------------------|
| <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 _____
------------------------------------------------------	-----------------

## 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



# SUMMER GAMES UNIFIED TRACK & FIELD TEAM ENTRY FORM

Due IN HOUSE to the State Office by Monday, May 8, 2017.

Copy form as needed.

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fax (317) 328-2018, or email [entries@soindiana.org](mailto: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 UNIFIED PARTNERS; A RELAY TEAM ENTRY REQUIRES 2 ATHLETES AND 2 UNIFIED 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: \_\_\_\_\_

# SUMMER GAMES VOLLEYBALL FINAL ROSTER 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)

## GENERAL INFORMATION:

PROGRAM NAME: \_\_\_\_\_ AREA: \_\_\_\_\_  
 COUNTY COORDINATOR: \_\_\_\_\_ CELL PHONE: (\_\_\_\_\_) \_\_\_\_\_

## TEAM INFORMATION:

HEAD COACH: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_  
 CELL PHONE: (\_\_\_\_\_) \_\_\_\_\_  
 TEAM NAME: \_\_\_\_\_

### TEAM CLASSIFICATION:

Type:	Gender:	Level:
<input type="checkbox"/> Junior	<input type="checkbox"/> Male	<input type="checkbox"/> 1
<input type="checkbox"/> Senior	<input type="checkbox"/> Female	<input type="checkbox"/> 2
<input type="checkbox"/> Master		<input type="checkbox"/> 3

## FINAL ROSTER:

LAST NAME	FIRST NAME	DATE OF BIRTH (MM/DD/YY)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

### CONFIDENTIALITY NOTICE

This communication is for the sole use of the intended recipient(s) and may contain information that is confidential, privileged, or otherwise exempt from disclosure under applicable law. If you are not the intended recipient(s), the dissemination, distribution, or copying of this message is strictly prohibited. If you have received this communication in error, please contact the sender immediately and destroy all copies of the original message and any attachments. Receipt by anyone other than the named recipient(s) does not constitute a waiver of any applicable privilege.