

SUMMER GAMES TEAM & RELAY ENTRY FORM

Due IN HOUSE to the State Office by **Monday, May 6, 2019.**

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

**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: _____

Team # 09	Event Name: _____
	Score: _____
1. _____	A P
2. _____	A P
3. _____	A P
4. _____	A P
Alt _____	A P
Alt _____	A P

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

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

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

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

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

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

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