

AREA SPRING GAMES DELEGATION FORM

Due **IN HOUSE** to the Area Contact Person by the published Area Entry Deadline.
Copy form as needed.

**Special
Olympics
Indiana**



PROGRAM INFORMATION

PROGRAM NAME: _____ AREA: _____
 COUNTY COORDINATOR: _____ CELL PHONE: (____) _____

SPORT INFORMATION

HEAD COACH: _____ CELL PHONE: (____) _____
 ADDRESS: _____ CITY/STATE/ZIP: _____
 EMAIL: _____

COACH/CHAPERONE LIST *Please list all Class A Volunteers (coach/chaperone) from your Program for Spring Games.*

LAST Name	FIRST Name	Gender Male/Female
1.		<input type="checkbox"/> M <input type="checkbox"/> F
2.		<input type="checkbox"/> M <input type="checkbox"/> F
3.		<input type="checkbox"/> M <input type="checkbox"/> F
4.		<input type="checkbox"/> M <input type="checkbox"/> F
5.		<input type="checkbox"/> M <input type="checkbox"/> F
6.		<input type="checkbox"/> M <input type="checkbox"/> F
7.		<input type="checkbox"/> M <input type="checkbox"/> F
8.		<input type="checkbox"/> M <input type="checkbox"/> F
9.		<input type="checkbox"/> M <input type="checkbox"/> F
10.		<input type="checkbox"/> M <input type="checkbox"/> F

ENTRY NUMBER SUMMARY

NUMBER **ATHLETES** ENTERED FOR SPRING GAMES = _____
 NUMBER **UNIFIED PARTNERS** ENTERED FOR SPRING GAMES = _____

AREA DIRECTORS: Submit the *Event Transfer Fee Form* in order to transfer entry fees into the Area account.

FOR COUNTY COORDINATOR USE ONLY

By signing the line below, the County Coordinator verifies that all information and entry numbers are correct.

X _____
 County Coordinator Signature Date

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AREA SPRING GAMES INDIVIDUAL ENTRY FORM

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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 Spring Games (including team members). If properly trained, a participant may enter one (1) sport a maximum of three (3) events. In Track & Field, athletes may only enter two (2) field events. 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.

Last Name

County Program

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

- Athlete Uses Wheelchair
 Unified Partner Visual Impairment
 Hearing Impairment

First Name

Birth date: Month Day Year

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

- Male
 Female

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

BOCCE <i>(if Area is hosting, 30 & over)</i>	TRACK & FIELD - Level 1B <i>(3-event max)</i>	TRACK & FIELD - Level 2 <i>(3-event, 2-field event max)</i>
<input type="checkbox"/> Traditional 4-Person Team Team# _____ <input type="checkbox"/> Traditional Doubles Team# _____ <input type="checkbox"/> Unified 4-Person Team Team# _____ <input type="checkbox"/> Unified Doubles Team# _____	<input type="checkbox"/> 10m Unassisted Walk _____ min _____ sec <input type="checkbox"/> 25m Unassisted Walk _____ min _____ sec <input type="checkbox"/> 50m Unassisted Walk _____ min _____ sec <input type="checkbox"/> Softball Throw <u>OR</u> _____ met _____ cm <input type="checkbox"/> Tennis Ball Throw _____ met _____ cm	<input type="checkbox"/> 50m Dash <u>OR</u> _____ min _____ sec <input type="checkbox"/> 400m Walk _____ min _____ sec <input type="checkbox"/> 4 x 100m Relay Team# _____ <input type="checkbox"/> 800m Walk _____ min _____ sec <input type="checkbox"/> Standing Long Jump _____ met _____ cm <input type="checkbox"/> Mini-Javelin Throw <u>OR</u> _____ met _____ cm <input type="checkbox"/> Shot Put <u>OR</u> _____ met _____ cm <input type="checkbox"/> Softball Throw _____ met _____ cm
HORSESHOES <i>(if Area is hosting, 30 & over)</i>	TRACK & FIELD - Level 1C <i>(3-event max)</i>	TRACK & FIELD - Level 3A <i>(3-event, 2-field event max)</i>
<input type="checkbox"/> Singles 10" 20" 30" 40" _____ Indiv. Score <input type="checkbox"/> Doubles 10" 20" 30" 40" _____ Indiv. Score Team # _____ <input type="checkbox"/> Unified Doubles 20" 30" 40" _____ Indiv. Score Team # _____	<input type="checkbox"/> 25m Motor WC Race _____ min _____ sec <input type="checkbox"/> 25m Motor WC Slalom _____ min _____ sec <input type="checkbox"/> 25m Motor WC Obstacle _____ min _____ sec <input type="checkbox"/> 50m Motor WC Slalom _____ min _____ sec <input type="checkbox"/> Softball Throw <u>OR</u> _____ met _____ cm <input type="checkbox"/> Tennis Ball Throw _____ met _____ cm	<input type="checkbox"/> 100m Dash _____ min _____ sec <input type="checkbox"/> 200m Dash _____ min _____ sec <input type="checkbox"/> 400m Dash _____ min _____ sec <input type="checkbox"/> 4 x 100m Relay Team# _____ <input type="checkbox"/> Mini-Javelin Throw _____ met _____ cm <input type="checkbox"/> Running Long Jump _____ met _____ cm <input type="checkbox"/> Shot Put _____ met _____ cm
TRACK & FIELD - Level M <i>(3-event max; no score required)</i>	TRACK & FIELD - Level 1D <i>(3-event max)</i>	TRACK & FIELD - Level 3B <i>(3-event, 2-field event max)</i>
<input type="checkbox"/> 10 m Physically Assisted Walk <input type="checkbox"/> 15 m Physically Assisted Wheelchair <input type="checkbox"/> 15 m Physically Assisted Wheelchair Slalom <input type="checkbox"/> 25 m Physically Assisted Walk <input type="checkbox"/> Target Throw	<input type="checkbox"/> 10m Wheelchair Race _____ Min _____ sec <input type="checkbox"/> 25m Wheelchair Race _____ min _____ sec <input type="checkbox"/> 25m Wheelchair Slalom _____ min _____ sec <input type="checkbox"/> 50m Wheelchair Slalom _____ min _____ sec <input type="checkbox"/> 100m Wheelchair Race _____ min _____ sec <input type="checkbox"/> 200m Wheelchair Race _____ min _____ sec <input type="checkbox"/> Softball Throw <u>OR</u> _____ met _____ cm <input type="checkbox"/> Tennis Ball Throw _____ met _____ cm	<input type="checkbox"/> 400m Dash _____ min _____ sec <input type="checkbox"/> 800m Run _____ min _____ sec <input type="checkbox"/> 1500m Run _____ min _____ sec <input type="checkbox"/> 4 x 100m Relay Team# _____ <input type="checkbox"/> Mini-Javelin Throw _____ met _____ cm <input type="checkbox"/> Running Long Jump _____ met _____ cm <input type="checkbox"/> Shot Put _____ met _____ cm
TRACK & FIELD - Level 1A <i>(3-event max)</i>		
<input type="checkbox"/> 10m Assisted Walk _____ min _____ sec <input type="checkbox"/> 25m Assisted Walk _____ min _____ sec <input type="checkbox"/> 50m Assisted Walk _____ min _____ sec <input type="checkbox"/> Softball Throw <u>OR</u> _____ met _____ cm <input type="checkbox"/> Tennis Ball Throw _____ met _____ cm		

REMINDER: Athletes wishing to compete at Summer Games in Track & Field must compete at the Area Spring Games. If the Area Spring Games do not host a Unified Sports® Team competition, athletes must compete in Level 3 events. Participation is the only criteria for advancement to Summer Games.

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AREA SPRING GAMES TEAM & RELAY ENTRY FORM

Due IN HOUSE to the Area Contact Person by the published Area Entry Deadline.
Copy form as needed.

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

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

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

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

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

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

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

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

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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