



EKS Games Entry Form Instructions

General Information:

The following instructions will assist you in completing the entry forms for the Special Olympics Indiana EKS Games. There are several entry deadlines for the EKS Games. Due dates are listed in the General Information section of EKS Games, as well as on each form. All entry materials for the EKS Games MUST be IN HOUSE by the designated dates. For computer entry 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.

Athlete Applications & Medicals:

All athletes are required to have an *Application for Participation* on file with the State Office (Part 1 only). Parts 1 and 2 and the *Medical Form* are to be kept on file with the County Program at all times. Athlete listings will be sent prior to events (see dates below), indicating that an application is on file and current. If an athlete is being registered for this event, and does not appear on this athlete listing, Part 1 of the application must be submitted with the entry form upon registration. Athlete Listings will be sent to programs the quarterly.

1. Delegation Entry Form:

The County Coordinator is responsible to be, or to name the Head of Delegation (HOD). A HOD is to be assigned for each venue of EKS Games, providing a cell phone number for emergency contact throughout the Games. The HOD is the person in charge of the entire delegation and is responsible for being onsite with athlete *Medical Forms* for the duration of the event. The County Coordinator signs forms to verify information.

2. Coach/Chaperone Entry Form:

List every coach and chaperone who will attend EKS Games. Check each venue where that individual will attend. **No additions to the coach/chaperone list will be accepted after 12:00 p.m. on Tuesday, September 3, 2019.** Once that is completed, proceed to the *Team & Relay Entry Form*. After all of a County Program's teams and relays are entered, proceed to enter athletes and Unified partners individually.

3. EKS Entry Forms:

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.

- ▶ **Flag Football, Softball and Unified Volleyball:** Team Quota Request forms, Final Rosters and Games Records forms are required for each of these sports. Instructions can be found in the EKS Games Rules Section of the Program Information Guide.
- ▶ **Individual Entry Form:** Complete Individual Entry Form for each individual, traditional or Unified team entered.
- ▶ **Golf:** Complete one (1) Golf Individual Entry Form (Page 183) for each individual wishing to compete in individual stroke play or skills competition. Complete a Golf Unified Team Entry Form (Page 169) for each Unified team competing ONLY at Sectionals (and possibly State). You may fit two (2) Unified teams on each form. Unified teams competing in the Unified Golf Tour should complete the Unified Golf Tour Entry Form (Page 167) and do NOT need to fill out an additional form for Sectionals and/or State. Athletes wishing to compete in both the Unified Golf Tour and individual stroke play must fill out both forms.
- ▶ **Equestrian:** There are no entry score for Equestrian events. Divisions will be based on each riders ability level and stride assistance specified.

4. Individual Entry Form:

Corn Toss, Distance Run & Walk, and Individual Skills Competition (Softball, Flag Football, Volleyball): complete one (1) form for each individual, traditional or Unified Sports® team entered.

Individual Skills Scorecards are to be used to determine the qualifying scores and are not to be used as entry forms.

EKS GAMES - UNIFIED GOLF TOUR ENTRY FORM

Due **IN HOUSE** to the State Office by **Monday, June 17, 2019.**

Copy form as needed.

Special Olympics Indiana; 6200 Technology Center Drive, Suite 105; Indianapolis, IN 46278,
fax (317) 328-2019, or email entries@soindiana.org



This is the only entry form needed for the entire season from Unified golf teams choosing to compete in the Unified Golf Tour. This form also serves as the *EKS Games - Golf Entry Form* for teams who do not advance to State through the Unified Golf Tour. Any team that fails to qualify for the State Tournament through the Unified Golf Tour will automatically be entered into Sectionals. Teams who ONLY wish to participate in Sectional/State competition should NOT fill out this form.

GENERAL INFORMATION:

PROGRAM NAME: _____ AREA: _____

COUNTY COORDINATOR: _____ EMAIL: _____

TEAM INFORMATION:

ATHLETE NAME: _____ GENDER: FEMALE MALE DOB: _____

PARTNER NAME: _____ GENDER: FEMALE MALE DOB: _____

Instructions: Rank ***ALL*** tour stops in order of preference. Mark "1" for your most preferred tour stop, "2" for the next most preferred, and so on. Each team will be assigned to 3 tour stops. There is no guarantee that you will be assigned to all 3 of your top choices. After all teams are assigned to 3 Tour stops, remaining spots will be filled on a first come, first served basis.

Rank Each Tour Stop	Hosted By	Maximum Teams	Course Info	Date	Tee Time
	Washington Township	36	Riverside Golf Course 3502 N River Pkwy W Dr Indianapolis, IN 46222	Sunday July 7, 2019	2:00pm Eastern
	Lake County	30	Youche Country Club 2301 W 129th Place Crown Point, IN 46307	Saturday July 13, 2019	1:00pm Central
	Allen County	27	Brookwood Golf Club 10304 Bluffton Rd Fort Wayne, IN 46809	Sunday July 14, 2019	2:00pm Eastern
	Clark-Floyd County	36	Elk Run Golf Club 1820 Charlestown Pike Jeffersonville, IN 47130	Saturday July 20, 2019	2:00pm Eastern
	Johnson County	36	Hickory Stick Golf Club 4222 Hickory Stick Pkwy Greenwood, IN 46143	Sunday July 21, 2019	3:00pm Eastern
	Jay County	27	Portland Golf Club 124 W 200 S Portland, IN 47371	Sunday July 28, 2019	1:00pm Eastern
	Hamilton County	36	Bear Slide Golf Club 6770 231st St Cicero, IN 46034	Saturday August 3, 2019	TBD Eastern

EKS GAMES TEAM QUOTA REQUEST

Due **IN HOUSE** to the State Office by **Monday, June 17, 2019.**

Copy form as needed.

Special Olympics Indiana; 6200 Technology Center Drive, Suite 105; Indianapolis, IN 46278, fax (317) 328-2019, or email entries@soindiana.org



SPORT (ONE FORM PER TEAM SPORT): **Flag Football** **Softball** **Volleyball**

PROGRAM INFORMATION

PROGRAM NAME: _____ AREA: _____
 COUNTY COORDINATOR: _____ EMAIL: _____

DIRECTORY INFORMATION This information will be listed on the Team Directory.

COMPLETE SECTION IF DIFFERENT THAN THE COUNTY COORDINATOR.

NAME: _____
 ADDRESS: _____ CITY/STATE/ZIP: _____
 EMAIL: _____ CELL PHONE: (_____) _____

TEAM INFORMATION

LEVEL: 1 = HIGH 2 = AVERAGE 3 = LOW

GENDER: M = MALE F = FEMALE

AGE GROUP: J = JUNIOR (15 & UNDER) M = MASTER (22 & OVER) S = SENIOR (21 & UNDER)

CLASS: DP = DESIGNATED PITCHER T = TRADITIONAL U = UNIFIED

TEAM NAME	CLASS			AGE GROUP			GENDER		LEVEL			
	DP	T	U	J	M	S	M	F	1	2	3	
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CERTIFIED COACH: _____									LIST ON DIRECTORY: <input type="checkbox"/> YES			
EMAIL: _____									<input type="checkbox"/> NO			
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CERTIFIED COACH: _____									LIST ON DIRECTORY: <input type="checkbox"/> YES			
EMAIL: _____									<input type="checkbox"/> NO			
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CERTIFIED COACH: _____									LIST ON DIRECTORY: <input type="checkbox"/> YES			
EMAIL: _____									<input type="checkbox"/> NO			
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CERTIFIED COACH: _____									LIST ON DIRECTORY: <input type="checkbox"/> YES			
EMAIL: _____									<input type="checkbox"/> NO			
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CERTIFIED COACH: _____									LIST ON DIRECTORY: <input type="checkbox"/> YES			
EMAIL: _____									<input type="checkbox"/> NO			

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

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.

EKS GAMES - GOLF UNIFIED TEAM ENTRY FORM

Due **IN HOUSE** to the State Office by **Monday, July 29, 2019.**

Copy form as needed.

Special Olympics Indiana; 6200 Technology Center Drive, Suite 105; Indianapolis, IN 46278, fax (317) 328-2019, or email entries@soindiana.org



FOR TEAMS NOT PARTICIPATING IN UNIFIED GOLF TOUR.

GENERAL INFORMATION

PROGRAM NAME: _____ AREA: _____

UNIFIED SPORTS® TEAM ENTRY

NAME: _____ DATE OF BIRTH: _____

GENDER: MALE FEMALE TYPE: ATHLETE PARTNER

NAME: _____ DATE OF BIRTH: _____

GENDER: MALE FEMALE TYPE: ATHLETE PARTNER

DOES THIS UNIFIED TEAM PLAN TO ADVANCE TO THE STATE CHAMPIONSHIPS, IF THEY QUALIFY? YES NO

UNIFIED TEAM COMPETITION

ROUND	DATE	9-HOLE SCORE (PLAYING ALTERNATE SHOT)	GOLF COURSE	COURSE SLOPE
1				
2				
3				
4				
5				
6				
ROUND AVERAGE				

UNIFIED SPORTS® TEAM ENTRY

NAME: _____ DATE OF BIRTH: _____

GENDER: MALE FEMALE TYPE: ATHLETE PARTNER

NAME: _____ DATE OF BIRTH: _____

GENDER: MALE FEMALE TYPE: ATHLETE PARTNER

DOES THIS UNIFIED TEAM PLAN TO ADVANCE TO THE STATE CHAMPIONSHIPS, IF THEY QUALIFY? YES NO

UNIFIED TEAM COMPETITION

ROUND	DATE	9-HOLE SCORE (PLAYING ALTERNATE SHOT)	GOLF COURSE	COURSE SLOPE
1				
2				
3				
4				
5				
6				
ROUND AVERAGE				

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.

EKS GAMES - SOFTBALL TEAM FINAL ROSTER FORM

Due IN HOUSE to the State Office by Monday, July 29, 2019.

Copy form as needed.

Special Olympics Indiana; 6200 Technology Center Drive, Suite 105; Indianapolis, IN 46278, fax (317) 328-2019, or email entries@soindiana.org



GENERAL INFORMATION

PROGRAM NAME: _____ AREA: _____

COUNTY COORDINATOR: _____ CELL PHONE: (____) _____

TEAM INFORMATION

HEAD COACH: _____

EMAIL: _____

CELL PHONE: (____) _____

TEAM NAME: _____

TEAM CLASSIFICATION

Category:	Type:	Gender:	Level:
<input type="checkbox"/> TRADITIONAL	<input type="checkbox"/> JUNIOR	<input type="checkbox"/> FEMALE	<input type="checkbox"/> 1
<input type="checkbox"/> UNIFIED	<input type="checkbox"/> MASTER	<input type="checkbox"/> MALE	<input type="checkbox"/> 2
<input type="checkbox"/> DESIGNATED PITCHER	<input type="checkbox"/> SENIOR		<input type="checkbox"/> 3

FINAL ROSTER

NAME OF ATHLETE (First Name, Last Name)	DATE OF BIRTH (MM/DD/YY)	TYPE
1.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
2.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
3.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
4.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
5.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
6.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
7.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
8.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
9.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
10.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
11.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
12.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
13.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
14.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
15.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
16.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
17.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner

DESIGNATED PITCHER TEAMS

We request the Softball Sport Management Team supply the Designated Pitcher for our team: Yes No

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.

INDIVIDUAL SKILLS ENTRY FORM

Due IN HOUSE to the State Office by

Softball: Monday, July 29, 2019.

Flag Football and Volleyball: MONDAY, August 5, 2019.

Copy form as needed.

Special Olympics Indiana; 6200 Technology Center Drive, Suite 105; Indianapolis, IN 46278, fax (317) 328-2019, or email entries@soindiana.org



SPORT (ONE FORM PER TEAM SPORT): Flag Football Softball Volleyball

PROGRAM INFORMATION

PROGRAM NAME: _____ AREA: _____

COUNTY COORDINATOR: _____ CELL PHONE: (_____) _____

ASSIGNED SECTIONAL: _____

ENTRY LIST

SOFTBALL ONLY Check box if athlete will advance to State Finals at Midwest Sports Complex	NAME (FIRST NAME, LAST NAME)	GENDER (Male/Female)	DATE OF BIRTH (Mo/Day/Yr)	TOTAL SCORE
<input type="checkbox"/>	1.	<input type="checkbox"/> M <input type="checkbox"/> F		
<input type="checkbox"/>	2.	<input type="checkbox"/> M <input type="checkbox"/> F		
<input type="checkbox"/>	3.	<input type="checkbox"/> M <input type="checkbox"/> F		
<input type="checkbox"/>	4.	<input type="checkbox"/> M <input type="checkbox"/> F		
<input type="checkbox"/>	5.	<input type="checkbox"/> M <input type="checkbox"/> F		
<input type="checkbox"/>	6.	<input type="checkbox"/> M <input type="checkbox"/> F		
<input type="checkbox"/>	7.	<input type="checkbox"/> M <input type="checkbox"/> F		
<input type="checkbox"/>	8.	<input type="checkbox"/> M <input type="checkbox"/> F		
<input type="checkbox"/>	9.	<input type="checkbox"/> M <input type="checkbox"/> F		
<input type="checkbox"/>	10.	<input type="checkbox"/> M <input type="checkbox"/> F		
<input type="checkbox"/>	11.	<input type="checkbox"/> M <input type="checkbox"/> F		
<input type="checkbox"/>	12.	<input type="checkbox"/> M <input type="checkbox"/> F		
<input type="checkbox"/>	13.	<input type="checkbox"/> M <input type="checkbox"/> F		
<input type="checkbox"/>	14.	<input type="checkbox"/> M <input type="checkbox"/> F		

ENTRY NUMBERS SUMMARY

Number of **INDIVIDUAL SKILLS COMPETITION** Participants = _____

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

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.

EKS GAMES - DELEGATION ENTRY FORM (BREBEUF)

Due IN HOUSE to the State Office by Monday, August 5, 2019.

Copy form as needed.

Special Olympics Indiana; 6200 Technology Center Drive, Suite 105; Indianapolis, IN 46278, fax (317) 328-2019, or email entries@soindiana.org



GENERAL INFORMATION

PROGRAM NAME: _____

AREA: _____

COUNTY COORDINATOR: _____

CELL PHONE: (____) _____

HEAD OF DELEGATION

Name a Head of Delegation for each venue from your County Program who will attend EKS Games and be onsite with medical the entire time of event.

FIRST Name	LAST Name	CELL PHONE NUMBER	CLASS A CERTIFIED
1.			<input type="checkbox"/>

COACH/CHAPERONE LIST

Please list every coach/chaperone from your County Program who will attend EKS Games at Brebeuf, including Unified Partners who will be acting as coach/chaperone when not competing.

CT = Corn Toss; DRW = Distance Run & Walk; FF = Flag Football; VB = Volleyball

FIRST Name	LAST Name	Competing UNIFIED PARTNER	CLASS A CERTIFIED
2.		<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/>	<input type="checkbox"/>
5.		<input type="checkbox"/>	<input type="checkbox"/>
6.		<input type="checkbox"/>	<input type="checkbox"/>
7.		<input type="checkbox"/>	<input type="checkbox"/>
8.		<input type="checkbox"/>	<input type="checkbox"/>
9.		<input type="checkbox"/>	<input type="checkbox"/>
10.		<input type="checkbox"/>	<input type="checkbox"/>

ENTRY NUMBERS SUMMARY

Number of Teams - CORN TOSS TRADITIONAL DOUBLES (21')= _____

Number of Teams - CORN TOSS TRADITIONAL DOUBLES (30')= _____

Number of Teams - CORN TOSS UNIFIED DOUBLES (30')= _____

Number of Participants - DISTANCE RUN & WALK = _____

Number of Participants - FLAG FOOTBALL INDIVIDUAL SKILLS= _____

Number of Participants - VOLLEYBALL INDIVIDUAL SKILLS= _____

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

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.

EKS GAMES - DELEGATION ENTRY FORM (EQUESTRIAN)

Due IN HOUSE to the State Office by Monday, August 5, 2019.

Copy form as needed.

Special Olympics Indiana; 6200 Technology Center Drive, Suite 105; Indianapolis, IN 46278, fax (317) 328-2019, or email entries@soindiana.org



GENERAL INFORMATION

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

RIDING CENTER INFORMATION (EQUESTRIAN ONLY)

RIDING CENTER NAME: _____ PHONE: (____) _____
 HEAD COACH: _____ CELL PHONE: (____) _____
 EMAIL: _____

HEAD OF DELEGATION

Name a Head of Delegation for each venue from your County Program who will attend EKS Games and be onsite with medical the entire time of event.

FIRST Name	LAST Name	CELL PHONE NUMBER	CLASS A CERTIFIED	PATH CERTIFIED
1.			<input type="checkbox"/>	<input type="checkbox"/>

COACH/CHAPERONE LIST

Please list every coach/chaperone from your County Program who will attend EKS Games at Hendricks County Fairgrounds, including Unified Partners who will be acting as coach/chaperone when not competing. Include all horse handlers.

FIRST Name	LAST Name	Competing UNIFIED PARTNER	CLASS A CERTIFIED	PATH CERTIFIED
2.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ENTRY NUMBERS SUMMARY

Number of Participants - EQUESTRIAN= _____
 Number of Campsites Reserved (*Equestrian Only*) = _____
 Number of Bales of Horse Bedding (*Equestrian Only*) = _____

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

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.

EKS GAMES - EQUESTRIAN INDIVIDUAL ENTRY FORM

Due **IN HOUSE** to the State Office by **Monday, August 5, 2019.**

Copy form as needed.

Special Olympics Indiana; 6200 Technology Center Drive, Suite 105; Indianapolis, IN 46278, fax (317) 328-2019, or email entries@soindiana.org



COMPLETE ONE (1) FORM FOR EACH INDIVIDUAL ENTERED (ATHLETE AND UNIFIED PARTNER).

RIDER INFORMATION

NAME: _____ DOB: _____ ATHLETE PARTNER
 ADDITIONAL CONSIDERATIONS: USES WHEELCHAIR VISUAL IMPAIRMENT HEARING IMPAIRMENT MALE FEMALE

STRIDE ASSISTANCE

HORSE HANDLER: CLIPPED-ON UNCLIPPED
SIDE WALKERS: ONE SIDE WALKER TWO SIDE WALKERS

EVENT INFORMATION

EVENT <small>Level B & C riders are limited to two (2) mounted and two (2) unmounted classes.</small>	Level A		Level B		Level C	
	S	I	S	I	S	I
BARREL RACE (TIMED EVENT)						
DRESSAGE						
DRILL TEAM - 2 PERSON						
DRILL TEAM - 4 PERSON						
DRIVING (UNMOUNTED)						
ENGLISH EQUITATION (RAIL)						
ENGLISH TRAIL						
GROOMING AND TACKING (UNMOUNTED)						
HORSE PART IDENTIFICATION (UNMOUNTED)						
POLE BENDING						
PRIX CAPRILLI						
SHOWMANSHIP (UNMOUNTED)						
SPOON RACE						
STAKE RACE (TIMED EVENT)						
TEAM RELAY						
UNIFIED SPORTS@ DRILL TEAM - 2 PERSON						
UNIFIED SPORTS@ DRILL TEAM - 4 PERSON						
UNIFIED SPORTS@ TEAM RELAY						
WESTERN EQUITATION (RAIL)						
WESTERN RIDING (PATTERN)						
WESTERN TRAIL						

- Shaded areas indicate level not available in that event
 - Horses are limited to 6 times in the arena for mounted classes
 - All mounted events must be performed at the same level
 - All unmounted events must be performed at the same level

Level A = walk, trot, and canter
 Level B = walk and trot
 Level C = walk

S = Supported/Assisted
 I = Independent

HORSE INFORMATION

HORSE NAME: _____ AGE: _____
 BREED: _____
 COLOR: _____
 NAME OF OTHER RIDER WHO SHARE HORSE: _____

ACCORDING TO SPECIAL OLYMPICS, INC. RULES, ONLY TWO (2) RIDERS MAY SHARE THE SAME HORSE.

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

EKS GAMES - EQUESTRIAN TEAM & RELAY ENTRY FORM

Due IN HOUSE to the State Office by Monday, August 5, 2019.

Copy form as needed.

Special Olympics Indiana; 6200 Technology Center Drive, Suite 105; Indianapolis, IN 46278, fax (317) 328-2019, or email entries@soindiana.org



- Instructions: 1. Print the name of the event.
 2. Print the score (if required) for the team. A score is required for relay teams (time), Unified Sports® teams.
 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

EKS GAMES - SOFTBALL TEAM GAME RECORDS FORM

Due **IN HOUSE** to the State Office by Monday, August 5, 2019.

Copy form as needed.

Special Olympics Indiana; 6200 Technology Center Drive, Suite 105; Indianapolis, IN 46278, fax (317) 328-2019, or email entries@soindiana.org



SPECIAL OLYMPICS INDIANA



1969 - 2019

GENERAL INFORMATION

PROGRAM NAME: _____ AREA: _____

COUNTY COORDINATOR: _____ CELL PHONE: (____) _____

TEAM INFORMATION

HEAD COACH: _____

EMAIL: _____

CELL PHONE: (____) _____

TEAM NAME: _____

ASSIGNED SECTIONAL: _____

TEAM CLASSIFICATION

Category:	Type:	Gender:	Level:
<input type="checkbox"/> TRADITIONAL	<input type="checkbox"/> JUNIOR	<input type="checkbox"/> FEMALE	<input type="checkbox"/> 1
<input type="checkbox"/> UNIFIED	<input type="checkbox"/> MASTER	<input type="checkbox"/> MALE	<input type="checkbox"/> 2
<input type="checkbox"/> DESIGNATED PITCHER	<input type="checkbox"/> SENIOR		<input type="checkbox"/> 3

GAME RECORDS

List **ALL** games played including those played during tournaments, leagues, or within your county. Make note of games where you're missing key players, team had an "off" night, or if there were unusual circumstances. **The opposing coach MUST sign your game record!**

DATE	OPPONENT	OUR SCORE	OPPONENT'S SCORE	Our team was...				
				Much Better	Somewhat Better	Similar	Somewhat Worse	Much Worse
Notes: _____								
Opposing Coach's Signature: _____								
Notes: _____								
Opposing Coach's Signature: _____								
Notes: _____								
Opposing Coach's Signature: _____								
Notes: _____								
Opposing Coach's Signature: _____								
Notes: _____								
Opposing Coach's Signature: _____								

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.

EKS GAMES - FLAG FOOTBALL FINAL ROSTER FORM

Due **IN HOUSE** to the State Office by **Monday, August 5, 2019.**

Copy form as needed.

Special Olympics Indiana; 6200 Technology Center Drive, Suite 105; Indianapolis, IN 46278, fax (317) 328-2019, or email entries@soindiana.org



GENERAL INFORMATION

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

TEAM INFORMATION

CERTIFIED HEAD COACH: _____ EMAIL: _____ CELL PHONE: (_____) _____ TEAM NAME: _____	TEAM CLASSIFICATION			
	CATEGORY:	TYPE:	GENDER:	LEVEL:
<input type="checkbox"/> TRADITIONAL	<input type="checkbox"/> JUNIOR	<input type="checkbox"/> FEMALE	<input type="checkbox"/> 1	
<input type="checkbox"/> UNIFIED	<input type="checkbox"/> MASTER	<input type="checkbox"/> MALE	<input type="checkbox"/> 2	
	<input type="checkbox"/> SENIOR		<input type="checkbox"/> 3	

FINAL ROSTER

NAME OF ATHLETE (First Name, Last Name)	DATE OF BIRTH (MM/DD/YY)	TYPE
1.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
2.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
3.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
4.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
5.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
6.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
7.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
8.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
9.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
10.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
11.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
12.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner

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.

EKS GAMES - UNIFIED SPORTS® VOLLEYBALL FINAL ROSTER FORM

Due IN HOUSE to the State Office by Monday, August 5, 2019.

Copy Form as needed.

Special Olympics Indiana; 6200 Technology Center Drive, Suite 105; Indianapolis, IN 46278, fax (317) 328-2019, or email 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"/> FEMALE	<input type="checkbox"/> 1
<input type="checkbox"/> MASTER	<input type="checkbox"/> MALE	<input type="checkbox"/> 2
<input type="checkbox"/> SENIOR		<input type="checkbox"/> 3

FINAL ROSTER

	NAME OF ATHLETE (First Name, Last Name)	DATE OF BIRTH (MM/DD/YY)	TYPE
1.			<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
2.			<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
3.			<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
4.			<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
5.			<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
6.			<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
7.			<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
8.			<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
9.			<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
10.			<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
11.			<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
12.			<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner

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.

EKS GAMES - INDIVIDUAL ENTRY FORM

Due IN HOUSE to the State Office by Monday, August 5, 2019.

Copy Form as needed.

Special Olympics Indiana; 6200 Technology Center Drive, Suite 105; Indianapolis, IN 46278, fax (317) 328-2019, or email entries@soindiana.org



COMPLETE ONE (1) FORM FOR EACH INDIVIDUAL, TRADITIONAL TEAM OR UNIFIED SPORTS® TEAM ENTERED.

COUNTY PROGRAM: _____

PARTICIAN(T) INFORMATION

NAME: _____ DOB: _____ ATHLETE PARTNER
 NAME: _____ DOB: _____ ATHLETE PARTNER
 TEAM NAME: _____

INDIVIDUAL EVENTS

TEAM EVENTS

CORN TOSS

THERE ARE NO INDIVIDUAL EVENTS.

PLAYER 1 / PLAYER 2
 TRADITIONAL DOUBLES - 21 FEET IND. SCORE: ____/____
 TRADITIONAL DOUBLES - 30 FEET IND. SCORE: ____/____
 UNIFIED DOUBLES IND. SCORE: ____/____

DISTANCE RUN & WALK

<input type="checkbox"/> 1-MILE WALK _____ MIN _____ SEC	<input type="checkbox"/> UNIFIED 3000M RUN _____ MIN _____ SEC
<input type="checkbox"/> 3000M RUN _____ MIN _____ SEC	<input type="checkbox"/> UNIFIED 3000M WALK _____ MIN _____ SEC
<input type="checkbox"/> 3000M WALK _____ MIN _____ SEC	<input type="checkbox"/> UNIFIED 5000M RUN _____ MIN _____ SEC
<input type="checkbox"/> 5000M RUN _____ MIN _____ SEC	<input type="checkbox"/> UNIFIED 5000M WALK _____ MIN _____ SEC
<input type="checkbox"/> 5000M WALK _____ MIN _____ SEC	

PARTICIAN(T) INFORMATION

NAME: _____ DOB: _____ ATHLETE PARTNER
 NAME: _____ DOB: _____ ATHLETE PARTNER
 TEAM NAME: _____

INDIVIDUAL EVENTS

TEAM EVENTS

CORN TOSS

THERE ARE NO INDIVIDUAL EVENTS.

PLAYER 1 / PLAYER 2
 TRADITIONAL DOUBLES - 21 FEET IND. SCORE: ____/____
 TRADITIONAL DOUBLES - 30 FEET IND. SCORE: ____/____
 UNIFIED DOUBLES IND. SCORE: ____/____

DISTANCE RUN & WALK

<input type="checkbox"/> 1-MILE WALK _____ MIN _____ SEC	<input type="checkbox"/> UNIFIED 3000M RUN _____ MIN _____ SEC
<input type="checkbox"/> 3000M RUN _____ MIN _____ SEC	<input type="checkbox"/> UNIFIED 3000M WALK _____ MIN _____ SEC
<input type="checkbox"/> 3000M WALK _____ MIN _____ SEC	<input type="checkbox"/> UNIFIED 5000M RUN _____ MIN _____ SEC
<input type="checkbox"/> 5000M RUN _____ MIN _____ SEC	<input type="checkbox"/> UNIFIED 5000M WALK _____ MIN _____ SEC
<input type="checkbox"/> 5000M WALK _____ MIN _____ SEC	

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.

EKS GAMES - DELEGATION ENTRY FORM (GOLF/SOFTBALL)

Due IN HOUSE to the State Office by Monday, August 19, 2019.

Copy form as needed.

Special Olympics Indiana; 6200 Technology Center Drive, Suite 105; Indianapolis, IN 46278,
fax (317) 328-2019, or email entries@soindiana.org



GENERAL INFORMATION

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

HEAD OF DELEGATION

Name a Head of Delegation for each venue from your County Program who will attend EKS Games and be onsite with medical the entire time of event.

FIRST Name	LAST Name	CELL PHONE NUMBER	CLASS A CERTIFIED
1.			<input type="checkbox"/>

COACH/CHAPERONE LIST

Please list every coach/chaperone from your County Program who will attend EKS Games at Hickory Stick Golf Course, including Unified Partners who will be acting as coach/chaperone when not competing.

FIRST Name	LAST Name	Competing UNIFIED PARTNER	CLASS A CERTIFIED
2.		<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/>	<input type="checkbox"/>
5.		<input type="checkbox"/>	<input type="checkbox"/>
6.		<input type="checkbox"/>	<input type="checkbox"/>
7.		<input type="checkbox"/>	<input type="checkbox"/>
8.		<input type="checkbox"/>	<input type="checkbox"/>
9.		<input type="checkbox"/>	<input type="checkbox"/>
10.		<input type="checkbox"/>	<input type="checkbox"/>

ENTRY NUMBERS SUMMARY

Number of Participants - GOLF INDIVIDUAL SKILLS = _____

Number of Participants -
GOLF INDIVIDUAL STROKE PLAY (3, 6, or 9-hole) = _____

Number of GOLF UNIFIED SPORTS® TEAMS = _____

Number of Participants - SOFTBALL INDIVIDUAL SKILLS = _____

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

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.

EKS GAMES - FLAG FOOTBALL GAME RECORDS FORM

Due IN HOUSE to the State Office by Monday, August 19, 2019.

Copy Form as needed.

Special Olympics Indiana; 6200 Technology Center Drive, Suite 105; Indianapolis, IN 46278,
fax (317) 328-2019, or email entries@soindiana.org



GENERAL INFORMATION

PROGRAM NAME: _____ AREA: _____

COUNTY COORDINATOR: _____ CELL PHONE: (____) _____

TEAM INFORMATION

HEAD COACH: _____

EMAIL: _____

CELL PHONE: (____) _____

TEAM NAME: _____

TEAM CLASSIFICATION

CATEGORY:	TYPE:	GENDER:	LEVEL:
<input type="checkbox"/> TRADITIONAL	<input type="checkbox"/> JUNIOR	<input type="checkbox"/> FEMALE	<input type="checkbox"/> 1
<input type="checkbox"/> UNIFIED	<input type="checkbox"/> MASTER	<input type="checkbox"/> MALE	<input type="checkbox"/> 2
	<input type="checkbox"/> SENIOR		<input type="checkbox"/> 3

GAME RECORDS

List **ALL** games played including those played during tournaments, leagues, or within your county. Make note of games where you're missing key players, team had an "off" night, or if there were unusual circumstances. **The opposing coach MUST sign your game record!**

DATE	OPPONENT	OUR SCORE	OPPONENT'S SCORE	Our team was...				
				Much Better	Somewhat Better	Similar	Somewhat Worse	Much Worse

Notes: _____

Opposing Coach's Signature: _____

Notes: _____

Opposing Coach's Signature: _____

Notes: _____

Opposing Coach's Signature: _____

Notes: _____

Opposing Coach's Signature: _____

Notes: _____

Opposing Coach's Signature: _____

Notes: _____

Opposing Coach's Signature: _____

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.

EKS GAMES - UNIFIED SPORTS® VOLLEYBALL GAME RECORDS FORM

Due IN HOUSE to the State Office by Monday, August 19, 2019.

Copy form as needed.

Special Olympics Indiana; 6200 Technology Center Drive, Suite 105; Indianapolis, IN 46278, fax (317) 328-2019, or email entries@soindiana.org



GENERAL INFORMATION

PROGRAM NAME: _____ AREA: _____

COUNTY COORDINATOR: _____ CELL PHONE: (____) _____

TEAM INFORMATION

HEAD COACH: _____

EMAIL: _____

CELL PHONE: (____) _____

TEAM NAME: _____

TEAM CLASSIFICATION

CATEGORY:	TYPE:	GENDER:	LEVEL:
<input type="checkbox"/> UNIFIED	<input type="checkbox"/> JUNIOR	<input type="checkbox"/> FEMALE	<input type="checkbox"/> 1
	<input type="checkbox"/> MASTER	<input type="checkbox"/> MALE	<input type="checkbox"/> 2
	<input type="checkbox"/> SENIOR		<input type="checkbox"/> 3

GAME RECORDS

List ALL games played including those played during tournaments, leagues, or within your county. Make note of games where you're missing key players, team had an "off" night, or if there were unusual circumstances. The opposing coach MUST sign your game record!

DATE	OPPONENT	Set #1 Scores		Set #2 Scores		Set #3 Scores		Our team was...		
		Us	Them	Us	Them	Us	Them	Worse	Similar	Better

Notes:

Opposing Coach's Signature: _____

DATE	OPPONENT	Set #1 Scores		Set #2 Scores		Set #3 Scores		Our team was...		
		Us	Them	Us	Them	Us	Them	Worse	Similar	Better

Notes:

Opposing Coach's Signature: _____

DATE	OPPONENT	Set #1 Scores		Set #2 Scores		Set #3 Scores		Our team was...		
		Us	Them	Us	Them	Us	Them	Worse	Similar	Better

Notes:

Opposing Coach's Signature: _____

DATE	OPPONENT	Set #1 Scores		Set #2 Scores		Set #3 Scores		Our team was...		
		Us	Them	Us	Them	Us	Them	Worse	Similar	Better

Notes:

Opposing Coach's Signature: _____

DATE	OPPONENT	Set #1 Scores		Set #2 Scores		Set #3 Scores		Our team was...		
		Us	Them	Us	Them	Us	Them	Worse	Similar	Better

Notes:

Opposing Coach's Signature: _____

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 intended recipient(s) does not constitute a waiver of any applicable privilege.

EKS GAMES - GOLF INDIVIDUAL ENTRY FORM

Due **IN HOUSE** to the State Office by **Monday, August 19, 2019.**

Copy form as needed.

Special Olympics Indiana; 6200 Technology Center Drive, Suite 105; Indianapolis, IN 46278, fax (317) 328-2019, or email entries@soindiana.org



Complete one(1) form for each Individual entered.

GENERAL INFORMATION

PROGRAM NAME: _____ AREA: _____

INDIVIDUAL ENTRY

NAME: _____ DATE OF BIRTH: _____

GENDER: MALE FEMALE

INDIVIDUAL SKILLS COMPETITION

EVENT	SHORT PUTT	LONG PUTT	CHIP SHOT	WOOD SHOT	TOTAL
ROUND 1 SCORE					
ROUND 2 SCORE					
ROUND 3 SCORE					
ROUND 4 SCORE					
ROUND 5 SCORE					
ROUND 6 SCORE					
				AVERAGE	

INDIVIDUAL STROKE PLAY

3-HOLE COMPETITION
 6-HOLE COMPETITION
 9-HOLE COMPETITION

ROUND	DATE	ROUND SCORE	GOLF COURSE	COURSE SLOPE
1				
2				
3				
4				
5				
6				
ROUND AVERAGE				

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.



2020 Unified Golf Tour Host Application

Return completed form to: Special Olympics Indiana; 6200 Technology Center Drive, Suite 105; Indianapolis, IN 46278; Fax: (317) 328-2019; Email: pkozlowski@soindiana.org

DO NOT REMOVE THIS FORM FROM THE HANDBOOK - OK to photocopy. Available on website at www.soindiana.org

Deadline: August 19, 2019

Special Olympics Program: _____

Applicant's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Day Phone: (____) _____ Fax Number: (____) _____

Email: _____

USE ONLINE FORM
AVAILABLE AT
soindiana.org/resource-library/

Course Information:

Course Name: _____

Course Rating & Slope: _____

Course Address: _____

City: _____ State: _____ Zip Code: _____

Course Golf Pro: _____ Golf Pro Email: _____

Preferred Date: _____ Tee Time: _____ Flexible on Date/Time: Yes No

*** Date must be a Sunday beginning June 27, 2020 and ending August 2, 2020.

If flexible on date/time, list a second option or explain: _____

Can the course accommodate a late start or delay due to weather or other circumstances? Yes No

Cost of Greens Fees: \$ _____ Cost of Golf Cart per team: \$ _____

Questions for Host:

Why should we select you and your course to host a Tour Stop? _____

Other than golf competition, what experiences will you provide for athletes and partners? _____

What kinds of donations or sponsorships will you try to secure? For where? _____

What groups will you approach for volunteers? _____

How many teams from your county program do you estimate will participate in the Unified Tour: _____

APPROVAL:

State Office Signature: _____ Date: _____

Questions? Contact Patrick Kozlowski (pkozlowski@soindiana.org).