



# 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 2019 Special Olympics Indiana Summer Games is Monday, May 6, 2019. 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 21, 2019.**

### 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 82. 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 89. The doubles team score is the SUM of both players.

#### ► **Powerlifting**

Coaches should identify the lifter's proper weight class. After this step, coaches should mark the appropriate event(s) and the lifter's current best lift per event. List Unified Powerlifting pairs on the Team & Relay Entry Form.

#### ► **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.

#### ► **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 165). 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 163). All other sports are on the second page (Page 164).

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:

- 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.
- 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 100 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 25, 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](mailto:entries@soindiana.org)



The Coordinator for a County Program seeking to have athletes participate in Bowling for the 2019 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 DELEGATION 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) 328-2019, or email [entries@soindiana.org](mailto:entries@soindiana.org)



**CAMPUS (ONE FORM PER SITE):**     **Indiana State University**                       **Rose-Hulman**

## GENERAL INFORMATION:

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

COUNTY COORDINATOR: \_\_\_\_\_ CELL PHONE: (\_\_\_\_\_) \_\_\_\_\_

## SUMMER GAMES PROGRAM INFORMATION:

HEAD OF DELEGATION NAME (ON SITE): \_\_\_\_\_

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

HOD EMAIL: \_\_\_\_\_

**EMERGENCY CELL PHONE (REQUIRED):** (\_\_\_\_\_) \_\_\_\_\_

*Emergency Cell Phone to be ON for the duration of the Games*

**RECEIVE TEXT MESSAGES:**     **YES**     **NO**

*Messages regarding event changes, emergencies, etc.*

## HOUSING:

SUMMER GAMES DELEGATION INFORMATION	HOUSING ARRIVAL COUNT*			DELEGATION COUNT*	WHEELCHAIR HOUSING REQUIRED OUT OF DELEGATION COUNT NUMBERS, LIST NUMBER OF INDIVIDUALS REQUIRING WHEELCHAIR HOUSING
	THURSDAY	FRIDAY	OFF CAMPUS		
<b>ATHLETES</b>					
<b>UNIFIED PARTNERS</b>					
<b>COACH/CHAPERONES</b>					
<b>TOTAL</b>					

**\*NOTE:** The Delegation Count should be equal to the Housing Arrival Count and vice versa.

## CREDENTIALS:

### ALL CREDENTIALS MAILED IN ADVANCE OF THE GAMES.

HOW WOULD YOU LIKE TO RECEIVE THEM?

BY MAIL

PICK-UP at State Office

IF REQUEST IS BY MAIL, SEND CREDENTIALS TO?

HOD (HEAD OF DELEGATION)

CC (COUNTY COORDINATOR)

## IMPORTANT SAFETY CONSIDERATIONS:

At Indiana State University, Rhoads, Cromwell, Blumberg, and Mills Halls will be used for early arrivals. Each residence hall has accessible showers and toilets in one (1) room on each floor. Please be aware due to the possible increase of early arrivals for these residence halls, athletes and volunteers in wheelchairs may be housed on upper level floors. Athletes who use wheelchairs must be roomed with a responsible adult.

If you have any special housing needs, please attach a piece of paper with your requests. The earlier entry materials arrive, the more likely your special requests will be fulfilled.

## 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.

# SUMMER GAMES COACH/CHAPERONE 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) 328-2019, or email [entries@soindiana.org](mailto:entries@soindiana.org)



## 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, including Unified Partners who will be acting as coach/chaperone when not competing.**  
 Note: A Summer Games Individual Entry Form **MUST** be submitted for all Unified Partners listed here.

FIRST Name	LAST Name	Competing UNIFIED PARTNER	CLASS A Certified	HOUSING: ISU	HOUSING: Rose-Hulman
1.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# 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) 328-2019, or email [entries@soindiana.org](mailto:entries@soindiana.org)



- 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

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) 328-2019, or email [entries@soindiana.org](mailto:entries@soindiana.org)



- 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 6, 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](mailto:entries@soindiana.org)



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) events in Swimming, and three (3) events in Track & Field with a 2-field event maximum. 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	

- Male                       Uses Wheelchair                       Athlete  
 Female                       Visual Impairment                       Unified Partner  
 Hearing Impairment

SWIMMING	TRACK & FIELD - LEVEL 1B	TRACK & FIELD - LEVEL 2
<input type="checkbox"/> 100yd Freestyle _____ MIN _____ SEC	<input type="checkbox"/> 10m Unassisted Walk _____ MIN _____ SEC	<input type="checkbox"/> 50m Dash <u>OR</u> _____ MIN _____ SEC
<input type="checkbox"/> 100yd Individual Medley _____ MIN _____ SEC	<input type="checkbox"/> 25m Unassisted Walk _____ MIN _____ SEC	<input type="checkbox"/> 400m Walk _____ MIN _____ SEC
<input type="checkbox"/> 200yd Freestyle _____ MIN _____ SEC	<input type="checkbox"/> 50m Unassisted Walk _____ MIN _____ SEC	<input type="checkbox"/> 4x100m Relay _____ MIN _____ SEC
<input type="checkbox"/> 25yd Backstroke _____ MIN _____ SEC	<input type="checkbox"/> Softball Throw <u>OR</u> _____ MET _____ CM	<input type="checkbox"/> 800m Walk _____ MIN _____ SEC
<input type="checkbox"/> 25yd Breaststroke _____ MIN _____ SEC	<input type="checkbox"/> Tennis Ball Throw _____ MET _____ CM	<input type="checkbox"/> Standing Long Jump _____ MET _____ CM
<input type="checkbox"/> 25yd Butterfly _____ MIN _____ SEC		<input type="checkbox"/> Mini-Javelin Throw <u>OR</u> _____ MET _____ CM
<input type="checkbox"/> 25yd Freestyle _____ MIN _____ SEC	<b>TRACK &amp; FIELD - LEVEL 1C</b>	<input type="checkbox"/> Shot Put <u>OR</u> _____ MET _____ CM
<input type="checkbox"/> 50yd Backstroke _____ MIN _____ SEC	<input type="checkbox"/> 25m Motor WC Race _____ MIN _____ SEC	<input type="checkbox"/> Softball Throw _____ MET _____ CM
<input type="checkbox"/> 50yd Freestyle _____ MIN _____ SEC	<input type="checkbox"/> 25m Motor WC Slalom _____ MIN _____ SEC	
<input type="checkbox"/> 4x25yd Freestyle Relay _____ Team # _____	<input type="checkbox"/> 25m Motor WC Obstacle _____ MIN _____ SEC	<b>TRACK &amp; FIELD - LEVEL 3A</b>
<input type="checkbox"/> 4x25yd Medley Relay _____ Team # _____	<input type="checkbox"/> 50m Motor WC Slalom _____ MIN _____ SEC	<input type="checkbox"/> 100m Dash _____ MIN _____ SEC
<input type="checkbox"/> 4x50yd Medley Relay _____ Team # _____	<input type="checkbox"/> Softball Throw <u>OR</u> _____ MET _____ CM	<input type="checkbox"/> 200m Dash _____ MIN _____ SEC
<input type="checkbox"/> YoYo Relay _____ Team # _____	<input type="checkbox"/> Tennis Ball Throw _____ MET _____ CM	<input type="checkbox"/> 400m Dash _____ MIN _____ SEC
<b>TRACK &amp; FIELD - LEVEL M</b>		<input type="checkbox"/> 4x100m Relay _____ Team # _____
<input type="checkbox"/> 10m Physically Assisted Walk	<b>TRACK &amp; FIELD - LEVEL 1D</b>	<input type="checkbox"/> Mini-Javelin Throw _____ MET _____ CM
<input type="checkbox"/> 15m Physically Assisted Wheelchair Race	<input type="checkbox"/> 10m WC Race _____ MIN _____ SEC	<input type="checkbox"/> Running Long Jump _____ MET _____ CM
<input type="checkbox"/> 15m Physically Assisted Wheelchair Slalom	<input type="checkbox"/> 25m WC Race _____ MIN _____ SEC	<input type="checkbox"/> Shot Put _____ MET _____ CM
<input type="checkbox"/> 25m Physically Assisted Walk	<input type="checkbox"/> 25m WC Slalom _____ MIN _____ SEC	
<input type="checkbox"/> Target Throw	<input type="checkbox"/> 50m WC Slalom _____ MIN _____ SEC	<b>TRACK &amp; FIELD - LEVEL 3B</b>
<b>TRACK &amp; FIELD - LEVEL 1A</b>	<input type="checkbox"/> 100m WC Race _____ MIN _____ SEC	<input type="checkbox"/> 400m Dash _____ MIN _____ SEC
<input type="checkbox"/> 10m Assisted Walk _____ MIN _____ SEC	<input type="checkbox"/> 200m WC Race _____ MIN _____ SEC	<input type="checkbox"/> 800m Run _____ MIN _____ SEC
<input type="checkbox"/> 25m Assisted Walk _____ MIN _____ SEC	<input type="checkbox"/> Softball Throw <u>OR</u> _____ MET _____ CM	<input type="checkbox"/> 1500m Run _____ MIN _____ SEC
<input type="checkbox"/> 50m Assisted Walk _____ MIN _____ SEC	<input type="checkbox"/> Tennis Ball Throw _____ MET _____ CM	<input type="checkbox"/> 4x100m Relay _____ MIN _____ SEC
<input type="checkbox"/> Softball Throw <u>OR</u> _____ MET _____ CM		<input type="checkbox"/> Mini-Javelin Throw _____ MET _____ CM
<input type="checkbox"/> Tennis Ball Throw _____ MET _____ CM	<b>TRACK &amp; FIELD - UNIFIED</b>	<input type="checkbox"/> Running Long Jump _____ MET _____ CM
	<input type="checkbox"/> 4x100m Relay _____ Team # _____	<input type="checkbox"/> Shot Put _____ MET _____ CM
	<input type="checkbox"/> 4x400m Relay _____ Team # _____	

# SUMMER GAMES INDIVIDUAL 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) 328-2019, or email [entries@soindiana.org](mailto:entries@soindiana.org)



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

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

Male                       Uses Wheelchair                       Athlete  
 Female                       Visual Impairment                       Unified Partner  
                                       Hearing Impairment

BOCCE (30 years and over)	HORSESHOES (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 _____	<table border="1"> <thead> <tr> <th></th> <th colspan="4">CIRCLE DISTANCES</th> <th>Ind. Score</th> <th>Team #</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Singles</td> <td>10'</td> <td>20'</td> <td>30'</td> <td>40'</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Doubles</td> <td>10'</td> <td>20'</td> <td>30'</td> <td>40'</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Unified Doubles</td> <td>20'</td> <td>30'</td> <td>40'</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>		CIRCLE DISTANCES				Ind. Score	Team #	<input type="checkbox"/> Singles	10'	20'	30'	40'	_____	_____	<input type="checkbox"/> Doubles	10'	20'	30'	40'	_____	_____	<input type="checkbox"/> Unified Doubles	20'	30'	40'	_____	_____	_____																								
	CIRCLE DISTANCES				Ind. Score	Team #																																															
<input type="checkbox"/> Singles	10'	20'	30'	40'	_____	_____																																															
<input type="checkbox"/> Doubles	10'	20'	30'	40'	_____	_____																																															
<input type="checkbox"/> Unified Doubles	20'	30'	40'	_____	_____	_____																																															
BOWLING	POWERLIFTING (14 years and over)																																																				
<input type="checkbox"/> Assisted Ramp      Individual Avg. _____ Team # _____ <input type="checkbox"/> Traditional Doubles      Individual Avg. _____ Team # _____ <input type="checkbox"/> Unified Doubles      Individual Avg. _____ Team # _____	<table border="1"> <thead> <tr> <th></th> <th>Individual</th> <th>Unified Team</th> <th>Team #</th> </tr> </thead> <tbody> <tr> <td><b>MALE</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> 111lbs. and under</td> <td></td> <td><input type="checkbox"/> 95lbs. And under</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 112 - 130lbs.</td> <td></td> <td><input type="checkbox"/> 96 - 103lbs.</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 131 - 145lbs.</td> <td></td> <td><input type="checkbox"/> 104 - 114lbs.</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 146 - 163lbs.</td> <td></td> <td><input type="checkbox"/> 115 - 125lbs.</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 164 - 183lbs.</td> <td></td> <td><input type="checkbox"/> 126 - 139lbs.</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 184 - 205lbs.</td> <td></td> <td><input type="checkbox"/> 140 - 158lbs.</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 206 - 231lbs.</td> <td></td> <td><input type="checkbox"/> 159 - 185lbs.</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 232 - 264lbs.</td> <td></td> <td><input type="checkbox"/> 186lbs. and up</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 265lbs. and up</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Bench Press      Best Lift _____</td> <td><input type="checkbox"/> Squat      Best Lift _____</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Deadlift      Best Lift _____</td> <td><input type="checkbox"/> Combination (check only)</td> <td></td> <td></td> </tr> </tbody> </table>		Individual	Unified Team	Team #	<b>MALE</b>				<input type="checkbox"/> 111lbs. and under		<input type="checkbox"/> 95lbs. And under		<input type="checkbox"/> 112 - 130lbs.		<input type="checkbox"/> 96 - 103lbs.		<input type="checkbox"/> 131 - 145lbs.		<input type="checkbox"/> 104 - 114lbs.		<input type="checkbox"/> 146 - 163lbs.		<input type="checkbox"/> 115 - 125lbs.		<input type="checkbox"/> 164 - 183lbs.		<input type="checkbox"/> 126 - 139lbs.		<input type="checkbox"/> 184 - 205lbs.		<input type="checkbox"/> 140 - 158lbs.		<input type="checkbox"/> 206 - 231lbs.		<input type="checkbox"/> 159 - 185lbs.		<input type="checkbox"/> 232 - 264lbs.		<input type="checkbox"/> 186lbs. and up		<input type="checkbox"/> 265lbs. and up				<input type="checkbox"/> Bench Press      Best Lift _____	<input type="checkbox"/> Squat      Best Lift _____			<input type="checkbox"/> Deadlift      Best Lift _____	<input type="checkbox"/> Combination (check only)		
	Individual	Unified Team	Team #																																																		
<b>MALE</b>																																																					
<input type="checkbox"/> 111lbs. and under		<input type="checkbox"/> 95lbs. And under																																																			
<input type="checkbox"/> 112 - 130lbs.		<input type="checkbox"/> 96 - 103lbs.																																																			
<input type="checkbox"/> 131 - 145lbs.		<input type="checkbox"/> 104 - 114lbs.																																																			
<input type="checkbox"/> 146 - 163lbs.		<input type="checkbox"/> 115 - 125lbs.																																																			
<input type="checkbox"/> 164 - 183lbs.		<input type="checkbox"/> 126 - 139lbs.																																																			
<input type="checkbox"/> 184 - 205lbs.		<input type="checkbox"/> 140 - 158lbs.																																																			
<input type="checkbox"/> 206 - 231lbs.		<input type="checkbox"/> 159 - 185lbs.																																																			
<input type="checkbox"/> 232 - 264lbs.		<input type="checkbox"/> 186lbs. and up																																																			
<input type="checkbox"/> 265lbs. and up																																																					
<input type="checkbox"/> Bench Press      Best Lift _____	<input type="checkbox"/> Squat      Best Lift _____																																																				
<input type="checkbox"/> Deadlift      Best Lift _____	<input type="checkbox"/> Combination (check only)																																																				
CYCLING	VOLLEYBALL																																																				
<p>ALL CYCLISTS &amp; TANDEMS - submit 1K time, regardless of event.      MIN      SEC</p> <table border="1"> <tr> <td><input type="checkbox"/> 500m Time Trial - Level 3</td> <td><input type="checkbox"/> 500 Adaptive Tandem - Level 10</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 1K Time Trial - Levels 3, 4, 5</td> <td><input type="checkbox"/> 1K Adaptive Tandem - Level 10</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 2K Time Trial - Levels 3 thru 8</td> <td><input type="checkbox"/> 2K Adaptive Tandem - Level 10</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 5K Time Trial - Levels 4, 6, 8, 9</td> <td>Team # _____</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 2K Road Race - Levels 6, 7, 9</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> 5K Road Race - Levels 5, 7, 8, 9</td> <td><input type="checkbox"/> 1K Unified Tandem - Level 11</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 500m Adaptive Cycle Time Trial - Level 1</td> <td><input type="checkbox"/> 2K Unified Tandem - Level 11</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 1K Adaptive Cycle Time Trial - Levels 1, 2</td> <td><input type="checkbox"/> 5K Unified Tandem - Level 11</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 2K Adaptive Cycle Time Trial - Levels 1, 2</td> <td>Team # _____</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 5K Adaptive Cycle Time Trial - Level 2</td> <td></td> <td></td> </tr> </table>	<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"/> 5K Road Race - Levels 5, 7, 8, 9	<input type="checkbox"/> 1K Unified Tandem - Level 11		<input type="checkbox"/> 500m Adaptive Cycle Time Trial - Level 1	<input type="checkbox"/> 2K Unified Tandem - Level 11		<input type="checkbox"/> 1K Adaptive Cycle Time Trial - Levels 1, 2	<input type="checkbox"/> 5K Unified Tandem - Level 11		<input type="checkbox"/> 2K Adaptive Cycle Time Trial - Levels 1, 2	Team # _____		<input type="checkbox"/> 5K Adaptive Cycle Time Trial - Level 2			<input type="checkbox"/> Traditional Volleyball Team      Team Name _____																						
<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"/> 5K Road Race - Levels 5, 7, 8, 9	<input type="checkbox"/> 1K Unified Tandem - Level 11																																																				
<input type="checkbox"/> 500m Adaptive Cycle Time Trial - Level 1	<input type="checkbox"/> 2K Unified Tandem - Level 11																																																				
<input type="checkbox"/> 1K Adaptive Cycle Time Trial - Levels 1, 2	<input type="checkbox"/> 5K Unified Tandem - Level 11																																																				
<input type="checkbox"/> 2K Adaptive Cycle Time Trial - Levels 1, 2	Team # _____																																																				
<input type="checkbox"/> 5K Adaptive Cycle Time Trial - Level 2																																																					



# SUMMER GAMES VOLLEYBALL FINAL ROSTER 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) 328-2019, or email [entries@soindiana.org](mailto:entries@soindiana.org)



## GENERAL INFORMATION:

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

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

## TEAM INFORMATION:

HEAD COACH: _____	<b>TEAM CLASSIFICATION:</b>		
EMAIL: _____	<b>Type:</b>	<b>Gender:</b>	<b>Level:</b>
CELL PHONE: (____) _____	<input type="checkbox"/> JUNIOR	<input type="checkbox"/> FEMALE	<input type="checkbox"/> 1
TEAM NAME: _____	<input type="checkbox"/> MASTER	<input type="checkbox"/> MALE	<input type="checkbox"/> 2
	<input type="checkbox"/> SENIOR		<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.