

# 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.*

FIRST Name	LAST Name	Competing UNIFIED PARTNER	CLASS A Certified
1.		<input type="checkbox"/>	<input type="checkbox"/>
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 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

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.



# 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.



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

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

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

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

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

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

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

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