

# SUMMER GAMES INDIVIDUAL ENTRY FORM

**Due IN HOUSE to the State Office by Monday, May 11, 2020.**  
**Copy form as needed.**

Special Olympics Indiana; 6200 Technology Center Drive, Suite 105; Indianapolis, IN 46278,  
 fax (317) 328-2018, or email [entries@soindiana.org](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**

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**FIRST Name**

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**Date of Birth**

Month		Date		Year					

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

<p style="text-align: center;"><b>BOCCE (30 years and over)</b></p> <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 _____	<p style="text-align: center;"><b>HORSESHOES (30 years and over)</b></p> <table style="width:100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">CIRCLE DISTANCES</td> <td style="text-align: center;">Ind. Score</td> <td style="text-align: center;">Team #</td> </tr> <tr> <td><input type="checkbox"/> Singles</td> <td style="text-align: center;">10'   20'   30'   40'</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td><input type="checkbox"/> Doubles</td> <td style="text-align: center;">10'   20'   30'   40'</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td><input type="checkbox"/> Unified Doubles</td> <td style="text-align: center;">20'   30'   40'</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </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'	_____	_____																																				
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<p style="text-align: center;"><b>BOWLING</b></p> <input type="checkbox"/> Assisted Ramp    Individual Avg. _____ Team # _____ <input type="checkbox"/> Traditional Doubles                                      Individual Avg. _____ Team # _____ <input type="checkbox"/> Unified Doubles    Individual Avg. _____ Team # _____	<p style="text-align: center;"><b>POWERLIFTING (14 years and over)</b></p> <table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> Individual</td> <td style="text-align: center;">_____</td> <td><input type="checkbox"/> Unified Team</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;"><b>MALE</b></td> <td></td> <td style="text-align: center;"><b>FEMALE</b></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</td> <td style="text-align: center;">Best Lift _____</td> <td><input type="checkbox"/> Squat</td> <td style="text-align: center;">Best Lift _____</td> </tr> <tr> <td><input type="checkbox"/> Deadlift</td> <td style="text-align: center;">Best Lift _____</td> <td><input type="checkbox"/> Combination (check only)</td> <td></td> </tr> </table>	<input type="checkbox"/> Individual	_____	<input type="checkbox"/> Unified Team	_____	<b>MALE</b>		<b>FEMALE</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)	
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<p style="text-align: center;"><b>CYCLING</b></p> <p style="text-align: center;">ALL CYCLISTS &amp; TANDEM - submit 1K time, regardless of event.</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"></td> <td style="width:25%; text-align: center;">MIN</td> <td style="width:25%; text-align: center;">SEC</td> </tr> <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 style="text-align: center;">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 style="text-align: center;">Team # _____</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 5K Adaptive Cycle Time Trial - Level 2</td> <td></td> <td></td> </tr> </table>		MIN	SEC	<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			<p style="text-align: center;"><b>VOLLEYBALL</b></p> <input type="checkbox"/> Traditional Volleyball Team                      Team Name _____																			
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