

SUMMER GAMES TEAM & RELAY 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

**Special
Olympics
Indiana**



- Instructions: 1. Print the name of the event.
 2. Print the score (if required) for the team.
 3. Print names of team members, including alternates if you have them. Circle **A** = Athlete **P** = Unified Partner

County Program: _____

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

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

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

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

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

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

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

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