

SOCCER TEAM ENTRY FORM

Due IN HOUSE to the State Office by Monday, August 3, 2020.

Copy form as needed.

Special Olympics Indiana; 6200 Technology Center Drive, Suite 105; Indianapolis, IN 46278,
Email: entries@soindiana.org



**Special
Olympics
Indiana**



PROGRAM INFORMATION

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

GENDER: M = MALE F = FEMALE

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

CLASS: T = TRADITIONAL U = UNIFIED

| TEAM NAME | CLASS | | AGE GROUP | | | GENDER | |
|-------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------------------------------|
| | T | U | J | S | M | F | M |
| 1. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| HEAD COACH: _____ | | | | | | LIST ON | <input type="checkbox"/> YES |
| EMAIL: _____ | | | | | | DIRECTORY: | <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"/> |
| HEAD COACH: _____ | | | | | | LIST ON | <input type="checkbox"/> YES |
| EMAIL: _____ | | | | | | DIRECTORY: | <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"/> |
| HEAD COACH: _____ | | | | | | LIST ON | <input type="checkbox"/> YES |
| EMAIL: _____ | | | | | | DIRECTORY: | <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"/> |
| HEAD COACH: _____ | | | | | | LIST ON | <input type="checkbox"/> YES |
| EMAIL: _____ | | | | | | DIRECTORY: | <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"/> |
| HEAD COACH: _____ | | | | | | LIST ON | <input type="checkbox"/> YES |
| EMAIL: _____ | | | | | | DIRECTORY: | <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