Athlete Entry Form

Page 1 of _____ ***(Please use one Athlete Entry Form per sport and per team within a sport.)***

Special Olympics Texas

DELEGATION INFORMATION

Delegation Name	Team Name	Delegation Code ___ ___ ___ – ___ ___
Head Coach Name	Head Coach Email	Head Coach Fax ( )
Address	City	State / Zip
Home Phone ( )	Work Phone ( )	Cell Phone ( )

ADVANCEMENT TO AREA COMPETITION REQUIRES 1 LOCAL COMPETITION OR 2 SCRIMMAGES

❍ Competition ❍ Scrimmage	Date	Event Name	Location
❍ Competition ❍ Scrimmage	Date	Event Name	Location

SPORT INFORMATION *(Please use one Athlete Entry Form per sport and per team within a sport.)*

Sport (2 Letter Code)	Total # of Athletes (including Unified® partners)	# of Doubles	# of Relays	# of Teams

TEAM INFORMATION

- Each sport must have one certified coach, and **each team must have its own coach** (with the exception of bocce teams, bowling teams and relay teams).
- If an athlete is participating in multiple events, list the athlete's name once and all the events they are competing in together (including relays).
- Place an "**X**" in the first column to indicate Unified® partners

Unified® partner	Athlete Last Name ***(Please list alphabetically.)***	Athlete First Name	Sex M/F	Date of Birth (mm/dd/yyyy)	Event Code	Team ID	Event Level	Relay Position	Time (MM:SS.ss)	Distance or Height (m)	Distance or Height (cm)	Points or Pounds

# of Athletes on this page

Athlete Entry Form - Additional Page

Page _____ of _____ ***(Use only if Page 1 is filled.)***

Special Olympics Texas

DELEGATION INFORMATION

Delegation Name	Team Name	Delegation Code				–		
Head Coach Name	Head Coach Email							

TEAM INFORMATION

- Each sport must have one certified coach, and **each team must have its own coach** (with the exception of bocce teams, bowling teams and relay teams).
- If an athlete is participating in multiple events, list the athlete's name once and all the events they are competing in together (including relays).
- Place an "**X**" in the first column to indicate Unified® partners

Unified® partner	Athlete Last Name ***(Please list alphabetically.)***	Athlete First Name	Sex M/F	Date of Birth (mm/dd/yyyy)	Event Code	Team ID	Event Level	Relay Position	Time (MM:SS.ss)	Distance or Height (m)	Distance or Height (cm)	Points or Pounds

# of Athletes on this page