



SUMMER GAMES DELEGATION ENTRY FORM

Due **IN HOUSE** to the State Office by **Monday, May 3, 2010**. Copy form as needed.

Special Olympics Indiana; 6100 W. 96th Street, Suite 270; Indianapolis, IN 46278,

fax (317) 328-2018, or email entries@soindiana.org



Program Information:

County Program: _____ Area: _____

Head of Delegation: _____

Address: _____ City: _____ Zip Code: _____

Daytime Phone: _____ Cell Phone: _____

Email: _____

Emergency Cell Phone: (to be on for the duration of the games): (_____) _____ (REQUIRED)

Can this cell phone receive text messages? YES NO

Text messages may be regarding event changes, emergencies, etc.

Housing: Place a check here if your County Program requires NO HOUSING.

1. How many TOTAL BEDS does your delegation require (athletes, coaches, chaperones, parents, bus drivers, etc)?		
2. Of the total beds requested, how many are for males, and how many for females?	Males	Females
3. How many individuals, including coaches/attendants, require wheelchair housing? <i>See information on wheelchair housing below.</i>		

IMPORTANT SAFETY CONSIDERATION:

At Indiana State University, Rhoads, Cromwell, Blumberg, and Mills Halls will be used for early arrivals. Each residence hall has accessible showers and toilets in one room on each floor. Please be aware due to the possible increase of early arrivals for these residence halls, athletes and volunteers in wheelchairs may be housed on upper level floors. Athletes who use wheelchairs must be roomed with a responsible adult.

If you have any special housing needs, please attach a piece of paper with your requests. The earlier entry materials arrive, the more likely your special requests will be fulfilled.

Fees: (based on number entered)

Thursday Arrivals – Number of Beds Needed at \$110: _____ x \$110 = \$ _____

Friday Arrivals – Number of Beds Needed at \$90: _____ x \$90 = \$ _____

Number of Days Only Athletes/Partners (no meals/lodging) at \$50: _____ x \$50 = \$ _____

TOTAL AMOUNT DUE \$ _____

Entry Packet should include:

- Delegation Entry Form
- Coach/Chaperone Entry Form
- Team & Relay Entry Forms
- Individual Entry Forms or electronic entries
- Unified Track & Field Team Entry Forms
- Volleyball Final Roster Forms

For County Coordinator Use Only

By signing the line below, the County Coordinator verifies that entry numbers are correct and the amount listed is to be transferred.

X _____
County Coordinator Signature



SUMMER GAMES COACH/CHAPERONE ENTRY FORM

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FORM

County Program: _____

Please list every coach/chaperone from your County Program who will attend Summer Games.

Also participating as a Partner	Last Name	First Name	Gender Male/Female	ISU Housing (THU Arrival, FRI Arrival, OFF-Campus)	Completed Volunteer Application	CVO Trained	Completed Online Protective Behaviors
<input type="checkbox"/>	1.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> OFF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	2.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> OFF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	3.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> OFF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	4.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> OFF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	5.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> OFF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	6.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> OFF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	7.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> OFF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	8.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> OFF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	9.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> OFF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	10.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> OFF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	11.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> OFF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	12.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> OFF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	13.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> OFF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	14.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> OFF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	15.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> OFF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	16.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> OFF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	17.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> OFF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	18.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> OFF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	19.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> OFF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	20.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> OFF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	21.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> OFF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	22.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> OFF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	23.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> OFF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	24.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> OFF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	25.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> OFF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



SUMMER GAMES TEAM & RELAY ENTRY FORM

Due **IN HOUSE** to the State Office by **Monday, May 3, 2010**. Copy form as needed.
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 fax (317) 328-2018, or email entries@soindiana.org



- 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



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FORM

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 3. Print names of team members, including alternates if you have them. Circle A = Athlete P = Unified Partner

County Program _____

Team # 09	Event Name: _____
	Score: _____
1.	_____ A P
2.	_____ A P
3.	_____ A P
4.	_____ A P
Alt	_____ A P
Alt	_____ A P

Team # 10	Event Name: _____
	Score: _____
1.	_____ A P
2.	_____ A P
3.	_____ A P
4.	_____ A P
Alt	_____ A P
Alt	_____ A P

Team # 11	Event Name: _____
	Score: _____
1.	_____ A P
2.	_____ A P
3.	_____ A P
4.	_____ A P
Alt	_____ A P
Alt	_____ A P

Team # 12	Event Name: _____
	Score: _____
1.	_____ A P
2.	_____ A P
3.	_____ A P
4.	_____ A P
Alt	_____ A P
Alt	_____ A P

Team # 13	Event Name: _____
	Score: _____
1.	_____ A P
2.	_____ A P
3.	_____ A P
4.	_____ A P
Alt	_____ A P
Alt	_____ A P

Team # 14	Event Name: _____
	Score: _____
1.	_____ A P
2.	_____ A P
3.	_____ A P
4.	_____ A P
Alt	_____ A P
Alt	_____ A P

Team # 15	Event Name: _____
	Score: _____
1.	_____ A P
2.	_____ A P
3.	_____ A P
4.	_____ A P
Alt	_____ A P
Alt	_____ A P

Team # 16	Event Name: _____
	Score: _____
1.	_____ A P
2.	_____ A P
3.	_____ A P
4.	_____ A P
Alt	_____ A P
Alt	_____ A P



SUMMER GAMES INDIVIDUAL ENTRY FORM

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Last Name	County Program

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

First Name	Birth date:	Month	Day	Year

- M
- F
- THU Arrival
- FRI Arrival
- DAYS Only

AQUATICS (3 events only)	Track & Field (Participants may be entered in only one level)	
<input type="checkbox"/> 100 yd Freestyle _____ min _____ sec <input type="checkbox"/> 100 yd Individual Medley _____ min _____ sec <input type="checkbox"/> 25 yd Backstroke _____ min _____ sec <input type="checkbox"/> 25 yd Breaststroke _____ min _____ sec <input type="checkbox"/> 25 yd Butterfly _____ min _____ sec <input type="checkbox"/> 25 yd Freestyle _____ min _____ sec <input type="checkbox"/> 50 yd Backstroke _____ min _____ sec <input type="checkbox"/> 50 yd Freestyle _____ min _____ sec <input type="checkbox"/> 4 x 25 yd Backstroke Relay Team# _____ <input type="checkbox"/> 4 x 25 yd Freestyle Relay Team# _____ <input type="checkbox"/> 4 x 50 yd Medley Relay Team# _____	Level M Track & Field (check events—no score required) <input type="checkbox"/> 10 m Physically Assisted Walk <input type="checkbox"/> 15 m Physically Assisted Wheelchair <input type="checkbox"/> 15 m Physically Assisted Wheelchair Slalom <input type="checkbox"/> 25 m Physically Assisted Walk <input type="checkbox"/> Target Throw	Level 2 Track & Field <input type="checkbox"/> 100m Dash _____ min _____ sec <input type="checkbox"/> 100m Wheelchair Race _____ min _____ sec <input type="checkbox"/> 200m Wheelchair Race _____ min _____ sec <input type="checkbox"/> 400m Walk _____ min _____ sec OR <input type="checkbox"/> 50m Dash _____ min _____ sec <input type="checkbox"/> 4 x 100m Relay Team# _____ OR <input type="checkbox"/> 800m Walk _____ min _____ sec <input type="checkbox"/> Softball Throw _____ met _____ cm <input type="checkbox"/> Standing Long Jump _____ met _____ cm
UNIFIED TRACK & FIELD		
<input type="checkbox"/> Unified Team Competition Team# _____ (Use Unified Track & Field Entry Form)	Level 1 Track & Field <input type="checkbox"/> 10m Assisted Walk _____ min _____ sec <input type="checkbox"/> 10m Wheelchair Race _____ min _____ sec <input type="checkbox"/> 25m Assisted Walk _____ min _____ sec <input type="checkbox"/> 25m Motor WC Obstacle _____ min _____ sec <input type="checkbox"/> 25m Motor WC Race _____ min _____ sec <input type="checkbox"/> 25m Motor WC Slalom _____ min _____ sec <input type="checkbox"/> 25m Unassisted Walk _____ min _____ sec <input type="checkbox"/> 25m Wheelchair Race _____ min _____ sec <input type="checkbox"/> 25m Wheelchair Slalom _____ min _____ sec <input type="checkbox"/> 50m Assisted Walk _____ min _____ sec <input type="checkbox"/> 50m Motor WC Slalom _____ min _____ sec <input type="checkbox"/> 50m Unassisted Walk _____ min _____ sec <input type="checkbox"/> 50m Wheelchair Slalom _____ min _____ sec <input type="checkbox"/> Softball Throw _____ met _____ cm OR <input type="checkbox"/> Tennis Ball Throw _____ met _____ cm	Level 3 Track & Field <input type="checkbox"/> 100m Dash _____ min _____ sec <input type="checkbox"/> 1500m Run _____ min _____ sec <input type="checkbox"/> 200m Dash _____ min _____ sec <input type="checkbox"/> 4 x 100m Relay Team# _____ <input type="checkbox"/> 400m Dash _____ min _____ sec <input type="checkbox"/> 800m Run _____ min _____ sec <input type="checkbox"/> Mini-Javelin Throw _____ met _____ cm <input type="checkbox"/> Running Long Jump _____ met _____ cm <input type="checkbox"/> Shot Put _____ met _____ cm



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FORM

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County Program: _____ Page _____ of _____

Last Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Athlete Partner

First Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Uses Wheelchair
 Visual Impairment
 Hearing Impairment

Month Day Year

Male THU Arrival
 Female FRI Arrival
 DAYS Only

Birth date:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

BOCCE

- Traditional 4-Person Team _____ points Team# _____
- Traditional Doubles _____ points Team# _____
- Unified 4-Person Team _____ points Team# _____
- Unified Doubles _____ points Team# _____

HORSESHOES (30 years and over) – circle distance

- Singles 10' 20' 30' 40' _____ points
- Doubles 10' 20' 30' 40' _____ points
Team# _____
- Unified Doubles 20' 30' 40' _____ points
Team# _____

BOWLING

- Assisted Ramp Individual Average _____
- Traditional Doubles Ind. Avg. _____ Team# _____
- Unified Doubles Ind. Avg. _____ Team# _____

CYCLING (No entry scores required)

- 500m Time Trial
- 1K Time Trial
- 5K Time Trial
- 500m Adaptive Cycle Time Trial
- 1K Adaptive Cycle Time Trial
- 500m Unified Tandem Time Trial Team# _____
- 1K Unified Tandem Time Trial Team# _____

VOLLEYBALL

- Traditional Volleyball Team Team# _____



SUMMER GAMES UNIFIED TRACK & FIELD TEAM ENTRY FORM

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General Information

County Program: _____

Team Name: _____

Head Coach: _____

Coach's Email: _____

Roster

Athlete	Name of Athlete (First, Last)	Partner	Name of Partner (First, Last)
A 1		P 1	
A 2		P 2	
A 3		P 3	
A 4		P 4	
A 5		P 5	
A 6		P 6	

Event	Athlete	Athlete	Partner	Partner
Running Long Jump Qualifying Score:	_____ met _____ cm	_____ met _____ cm	_____ met _____ cm	_____ met _____ cm
Shot Put Qualifying Score:	_____ met _____ cm	_____ met _____ cm	_____ met _____ cm	_____ met _____ cm
Mini-Javelin Throw Qualifying Score:	_____ met _____ cm	_____ met _____ cm	_____ met _____ cm	_____ met _____ cm
100m Dash Qualifying Score:	_____ min _____ sec	_____ min _____ sec	_____ min _____ sec	_____ min _____ sec
200m Dash Qualifying Score:	_____ min _____ sec	_____ min _____ sec	_____ min _____ sec	_____ min _____ sec
400m Dash Qualifying Score:	_____ min _____ sec	_____ min _____ sec	_____ min _____ sec	_____ min _____ sec
800m Run Qualifying Score:	_____ min _____ sec	_____ min _____ sec	_____ min _____ sec	_____ min _____ sec
1500m Run Qualifying Score:	_____ min _____ sec	_____ min _____ sec	_____ min _____ sec	_____ min _____ sec
4 x 100m Relay Team Qualifying Score:	_____ min _____ sec	_____ min _____ sec	_____ min _____ sec	_____ min _____ sec
4 x 400m Relay Team Qualifying Score:	_____ min _____ sec	_____ min _____ sec	_____ min _____ sec	_____ min _____ sec

When entering a Unified Team, use the athlete's or partner's designation from the roster above.

For example, to enter the first athlete on the roster, use "A1". To enter the sixth partner listed, use "P6".

Each athlete and partner is limited to 5 events, including relays.

Enter a qualifying score for each participant and each relay team.

For relay teams, 2 athletes and 2 partners is the only combination allowed.

To enter 1 partner in an individual event, at least 1 athlete must be entered. To enter 2 partners, 2 athletes must be entered.



SUMMER GAMES VOLLEYBALL FINAL ROSTER FORM

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FORM

Program Information:

County Program: _____ Area: _____

Head of Delegation: _____

Address: _____ City: _____ Zip Code: _____

Daytime Phone: _____ Cell Phone: _____

Email: _____

Head Coach: _____

Email: _____

Team Name: _____

Team Classification:		
<input type="checkbox"/> Junior	<input type="checkbox"/> Senior	<input type="checkbox"/> Master
<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Level: <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

Final Roster:

Name of Athlete (First, Last)	Name of Athlete (First, Last)
1.	7.
2.	8.
3.	9.
4.	10.
5.	11.
6.	12.

Match Record:

Our team was:

Match	Date	Opponent	Our Score	Their Score	Much Better	Somewhat Better	Similar	Somewhat Worse	Much Worse
1									
2									
3									
4									
5									
6									
7									