



WINTER GAMES DELEGATION ENTRY FORM

Due IN HOUSE to the State Office by **Monday, December 7, 2009**. 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: _____
 County Coordinator: _____
 Address: _____ City: _____ Zip Code: _____
 Daytime Phone: _____ Cell Phone: _____
 Email: _____

Coach/Chaperone List Please list all Class A volunteers (coach/chaperone) from your County Program for Winter Games.

Last Name	First Name	Gender Male/Female	Completed VOLUNTEER APPLICATION	CVO Trained	Completed ONLINE PROTECTIVE BEHAVIORS
1.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Entry Fee Activity fees include alpine ski equipment rental, lift tickets, lunch (Monday and Tuesday) and awards. The training school fee is \$5.00 per coach, and covers costs of materials.

Number of Athletes and Partners: _____ @ \$10.00 = \$ _____
 Number of Coaches / Chaperones: _____ @ \$10.00 = \$ _____
 Coaches attending Alpine Skiing training school: _____ @ \$5.00 = \$ _____
 Coaches attending Snowshoeing training school: _____ @ \$5.00 = \$ _____
TOTAL AMOUNT = \$ _____

Entry Packet should include:

- Delegation Entry Form
- Team & Relay Entry Forms
- Individual Entry 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



WINTER GAMES HOUSING FORM

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Program Information

Page ___ of ___

County Program: _____ Area: _____

County Coordinator: _____

Address: _____ City: _____ Zip Code: _____

Daytime Phone: _____ Cell Phone: _____

Email: _____

Housing List

1. Type or print clearly.
2. List all athletes, partners, coaches and chaperones who will attend Winter Games.
3. The State Office will forward this to French Lick Springs Resort to make your reservations.

Room # _____
1.
2.
3.
4.

Room # _____
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Room # _____
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Room # _____
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Room # _____
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Room # _____
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Room # _____
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Room # _____
1.
2.
3.
4.



WINTER GAMES INDIVIDUAL ENTRY FORM

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County Program: _____ Page ____ of ____

A participant may enter a maximum of two individual or team events.

Alpine Skiing				Snowshoeing								
<input type="checkbox"/> Glide I - Station 1				<input type="checkbox"/> Novice Giant Slalom - 4				<input type="checkbox"/> Snowshoeing 50m - 7				
<input type="checkbox"/> Glide II - Station 2				<input type="checkbox"/> Intermediate Giant Slalom - 5				<input type="checkbox"/> Snowshoeing 100m - 7				
<input type="checkbox"/> Super Glide - Station 3				<input type="checkbox"/> Advanced Giant Slalom - 6				<input type="checkbox"/> Snowshoeing 200m - 7				
				<input type="checkbox"/> Alpine Slalom - 6								
Last Name												
First Name												
Gender	M	F	Birth Date									

Alpine Skiing				Snowshoeing								
<input type="checkbox"/> Glide I - Station 1				<input type="checkbox"/> Novice Giant Slalom - 4				<input type="checkbox"/> Snowshoeing 50m - 7				
<input type="checkbox"/> Glide II - Station 2				<input type="checkbox"/> Intermediate Giant Slalom - 5				<input type="checkbox"/> Snowshoeing 100m - 7				
<input type="checkbox"/> Super Glide - Station 3				<input type="checkbox"/> Advanced Giant Slalom - 6				<input type="checkbox"/> Snowshoeing 200m - 7				
				<input type="checkbox"/> Alpine Slalom - 6								
Last Name												
First Name												
Gender	M	F	Birth Date									

Alpine Skiing				Snowshoeing								
<input type="checkbox"/> Glide I - Station 1				<input type="checkbox"/> Novice Giant Slalom - 4				<input type="checkbox"/> Snowshoeing 50m - 7				
<input type="checkbox"/> Glide II - Station 2				<input type="checkbox"/> Intermediate Giant Slalom - 5				<input type="checkbox"/> Snowshoeing 100m - 7				
<input type="checkbox"/> Super Glide - Station 3				<input type="checkbox"/> Advanced Giant Slalom - 6				<input type="checkbox"/> Snowshoeing 200m - 7				
				<input type="checkbox"/> Alpine Slalom - 6								
Last Name												
First Name												
Gender	M	F	Birth Date									



WINTER GAMES TEAM ENTRY FORM

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County Program: _____ Page ____ of ____

A participant may enter a maximum of two individual or team events.

Unified Alpine Skiing				Unified Snowshoeing				
<input type="checkbox"/> Glide I - Station 1				<input type="checkbox"/> Novice Giant Slalom - 4				<input type="checkbox"/> Snowshoeing 50m - 7
<input type="checkbox"/> Glide II - Station 2				<input type="checkbox"/> Intermediate Giant Slalom - 5				<input type="checkbox"/> Snowshoeing 100m - 7
<input type="checkbox"/> Super Glide - Station 3				<input type="checkbox"/> Advanced Giant Slalom - 6				<input type="checkbox"/> Snowshoeing 200m - 7
				<input type="checkbox"/> Alpine Slalom - 6				
Team Nickname:								
Athlete Last Name								
Athlete First Name								
Athlete Gender	M	F	Athlete Birth Date					
Partner Last Name								
Partner First Name								
Partner Gender	M	F	Partner Birth Date					

Unified Alpine Skiing				Unified Snowshoeing				
<input type="checkbox"/> Glide I - Station 1				<input type="checkbox"/> Novice Giant Slalom - 4				<input type="checkbox"/> Snowshoeing 50m - 7
<input type="checkbox"/> Glide II - Station 2				<input type="checkbox"/> Intermediate Giant Slalom - 5				<input type="checkbox"/> Snowshoeing 100m - 7
<input type="checkbox"/> Super Glide - Station 3				<input type="checkbox"/> Advanced Giant Slalom - 6				<input type="checkbox"/> Snowshoeing 200m - 7
				<input type="checkbox"/> Alpine Slalom - 6				
Team Nickname:								
Athlete Last Name								
Athlete First Name								
Athlete Gender	M	F	Athlete Birth Date					
Partner Last Name								
Partner First Name								
Partner Gender	M	F	Partner Birth Date					