



SPECIAL OLYMPICS COLORADO SPEED SKATING ENTRY FORM

Region: _____ Day of Contact: _____

Team/Program: _____

Coach Name(s): _____

Coach E-mail(s): _____

	100M Race			300M Race			500M Race			800 M Race		
(Athlete Name)	.	.		:	.		:	.		:	.	
	min	sec	ths	min	sec	ths	min	sec	ths	min	sec	ths
	1000M Race			1500M Race								
(Gender)	:	.		:	.							
(DOB)	min	sec	ths	min	sec	ths						

	100M Race			300M Race			500M Race			800 M Race		
(Athlete Name)	.	.		:	.		:	.		:	.	
	min	sec	ths	min	sec	ths	min	sec	ths	min	sec	ths
	1000M Race			1500M Race								
(Gender)	:	.		:	.							
(DOB)	min	sec	ths	min	sec	ths						

	100M Race			300M Race			500M Race			800 M Race		
(Athlete Name)	.	.		:	.		:	.		:	.	
	min	sec	ths	min	sec	ths	min	sec	ths	min	sec	ths
	1000M Race			1500M Race								
(Gender)	:	.		:	.							
(DOB)	min	sec	ths	min	sec	ths						

	100M Race			300M Race			500M Race			800 M Race		
(Athlete Name)	.	.		:	.		:	.		:	.	
	min	sec	ths	min	sec	ths	min	sec	ths	min	sec	ths
	1000M Race			1500M Race								
(Gender)	:	.		:	.							
(DOB)	min	sec	ths	min	sec	ths						