

# SPECIAL OLYMPICS COLORADO

## SOCCER INDIVIDUAL SKILLS ENTRY FORM

Region: \_\_\_\_\_

Day of Contact #: \_\_\_\_\_

Coach Name(s): \_\_\_\_\_

Coach E-mail(s): \_\_\_\_\_

Team Name: \_\_\_\_\_

**DO NOT FILL OUT IF ATHLETES ARE COMPETING IN TEAM COMPETITION.**

ATHLETE NAME	GENDER	DOB	ENTRY SCORE	WHEELCHAIR YES OR NO
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

Do you plan on attending the state competition?	
Yes	No

**Special  
Olympics  
Colorado**

