

Special Olympics Colorado SOFTBALL 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	INDIVIDUAL OR TEAM SKILLS?	TEAM SKILLS NAME, IF APPLICABLE	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?
<input type="checkbox"/> Yes <input type="checkbox"/> No