

SPECIAL OLYMPICS COLORADO ATHLETICS ASSISTED DEVICES ENTRY FORM

Region: _____ Day of Contact: _____

Team/Program: _____

Coach Name(s): _____

Coach E-mail(s): _____

**Special
Olympics
Colorado**



Do you plan on attending the state competition?	
Yes	No

		15M Assisted			25M Assisted			50M Assisted			
(Athlete Name)		min	sec	ths	min	sec	ths	min	sec	ths	
		100M Assisted			200M Assisted			400M Assisted			
(Gender)		min	sec	ths	min	sec	ths	min	sec	ths	
(DOB)	Check or Circle One						Check or Circle One				
(Athlete/Partner)		Tennis Ball Throw					Standing Long Jump			.	
		Softball Throw					Running Long Jump			.	
		Shot Put			.		High Jump			.	
					m	cm			m	cm	

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