

SPECIAL OLYMPICS COLORADO ATHLETICS RELAY FORM

**Special
Olympics
Colorado**



REGION _____
PROGRAM _____
HEAD COACH _____
EVENT _____

RELAY TEAM NAME: _____

Do you plan on attending the state competition?	
Yes	No

PARTNER/ATHLETE NAME	Partner/Athlete	DOB	EVENT QUALIFY SCORE		
			(MIN)	(SEC)	(TENTHS)
1.			:	.	
2.					
3.					
4.					

ALTERNATE: _____

DOB: _____

PARTNER
ALTERNATE: _____

DOB: _____

ATHLETICS RELAY EVENTS (Circle one event):

4x100 Run

4x100 Run Unified

4x100 Walk Race

4x100 Walk Race Unified

4x400 Run

4x400 Run Unified

NOTE: List athletes in competition order.

Athletes cannot compete in more than one relay team.

Co-Ed teams compete in male divisions