SPECIAL OLYMPICES IOWA EQUESTRIAN ENTRY FORM

DUE IN STATE OFFICE BY AUGUST 1, 2009

PO BOX 620, GRIMES, IOWA 50111 FAX #: (515) 986-5530 **MUST BE WRITTEN CLEARLY IN BLACK INK TO FAX.**

DELEGATION (local program) SPECIAL OLYMPICS AREA

Coach e-mail address

Equestrian Certified? Yes No Phones: Work ( ) Home ( ) Cell: ( )

Send information to the following address: **Circle whether Work or Home**

Address 1

City State Zip

RIDER PROFILE FOR EACH ATHLETE IS NEEDED. This is what we use for division of riding ability.

						TWO EVENTS ONLY					
			HORSEMANSHIP								
ATHLETE NAME	AGE	SEX	WALK ONLY	WESTERN	ENGLISH	EGG & SPOON	BARRELS	BALL DROP	KEY HOLE RACE	POLE BENDING	BATON RELAY
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											