



SPECIAL OLYMPICS ILLINOIS VIRTUAL VOLLEYBALL ENTRY FORM

REGION _____ AGENCY (IF APPLICABLE) _____

		VOLLEYBALL		FITNESS CHALLENGE
(ATHLETE NAME)				ARE YOU PARTICIPATING IN OUR FITNESS CHALLENGE?
(GENDER)	(DOB)	(OVERHEAD PASSING SCORE)	(SERVING SCORE)	<input type="checkbox"/> YES
(DATE MED APP EXPIRES OR VIRTUAL WAIVER COMPLETED)				<input type="checkbox"/> NO
(EMAIL ADDRESS)		(FOREARM PASSING SCORE)		

Total Score of all 4 skills _____

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