



SPECIAL OLYMPICS ILLINOIS DECEMBER VIRTUAL ENTRY FORM

REGION _____ AGENCY (IF APPLICABLE) _____

	SNOWSHOE		FITNESS CHALLENGE
(ATHLETE NAME)	: . min sec ths	: . min sec ths	ARE YOU PARTICIPATING IN OUR FITNESS CHALLENGE? <input type="checkbox"/> YES <input type="checkbox"/> NO
(GENDER) (DOB)	(25M Time)	(50M Time)	
(DATE MED APP EXPIRES OR VIRTUAL WAIVER COMPLETED)	: . min sec ths	: . min sec ths	
(EMAIL ADDRESS)	(400M Time)	(1600M Time)	

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