

SPECIAL OLYMPICS ILLINOIS VIRTUAL SOCCER UNIFIED ENTRY FORM

REGION _____ AGENCY (IF APPLICABLE) _____

SO ATHLETE	SOCCER SKILLS				FITNESS CHALLENGE
(ATHLETE NAME)					
(GENDER) (DOB)					
(DATE MED APP EXPIRES OR VIRTUAL WAIVER COMPLETED)					Are you participating in our fitness challenge? Athlete: <input type="checkbox"/> Yes <input type="checkbox"/> No Unified Partner: <input type="checkbox"/> Yes <input type="checkbox"/> No
(EMAIL ADDRESS)	(ATHLETE DRIBBLING SCORE)	(UNIFIED PARTNER DRIBBLING SCORE)	(ATHLETE SHOOTING SCORE)	(UNIFEID PARTNER SHOOTING SCORE)	
UNIFIED PARTNER					
(UNIFIED PARTNER NAME)					
(GENDER) (DOB)					
(DATE CLASS A EXPIRES)	(ATHLETE RUN & KICK SCORE)	(UNIFEID PARTNER RUN & KICK SCORE)	(TOTAL COMBINED* SCORES)		
(EMAIL ADDRESS)					

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UNIFIED PARTNER					
(UNIFIED PARTNER NAME)					
(GENDER) (DOB)					
(DATE CLASS A EXPIRES)	(ATHLETE RUN & KICK SCORE)	(UNIFEID PARTNER RUN & KICK SCORE)	(TOTAL COMBINED* SCORES)		
(EMAIL ADDRESS)					

*Athletes and Unified Partners will complete each skill individually. The scores from the Athlete and Partner will be added together for a final Unified score to be entered in the "Total Combined Scores" box.