

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

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

ALTERNATE: _____ DOB: _____

PARTNER ALTERNATE: _____ DOB: _____

ATHLETICS RELAY EVENTS (Circle one)	
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