



**SPECIAL OLYMPICS COLORADO
GOLF ENTRY FORM**

**Special
Olympics
Colorado**



Region: _____ Day of Contact #: _____

Team/Program: _____

Coach Name(s): _____

Coach E-mail(s): _____

Do you plan on attending the state competition?	
Yes	No

		COMPETITION	QUALIFICATION SCORE
(Athlete Name)		TRADITIONAL Level 1 - Skills Level 2 - Alt. Shot - Unified - 9 holes Level 3 - Alt. Shot. - Unified - 18 holes Level 4 - Individual Stroke Play - 9 holes Level 5 - Individual Stroke Play - 18 holes	Total Points _____ (Level 1 - Individual Skills)
(Gender)	(DOB)		Score 1 _____ Score 2 _____ Score 3 _____ (Level 2, 3, 4 and 5)
			Unified Partner _____

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