***Special Specials Olympics North Entry Form***

Teacher Name: Type of Class: \_

School: \_

Secondary or Primary: \_ \_

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student’s Name/ Gender |  |  |  |  |  |  |  |  |
| Modified Foul Shots |  |  |  |  |  |  |  |  |
| Modified Push- Ups |  |  |  |  |  |  |  |  |
| Target Throw: Standing |  |  |  |  |  |  |  |  |
| Sitting |  |  |  |  |  |  |  |  |
| Softball Throw: Standing |  |  |  |  |  |  |  |  |
| Sitting |  |  |  |  |  |  |  |  |
| 25 Yard Dash |  |  |  |  |  |  |  |  |
| 25 Yard Roll |  |  |  |  |  |  |  |  |
| 25 Yard Scooter Board Race |  |  |  |  |  |  |  |  |
| 25 Yard Wheelchair Obstacle Race/ Crutch Race |  |  |  |  |  |  |  |  |
| Pull-up-Sit-up |  |  |  |  |  |  |  |  |
| Long Jump |  |  |  |  |  |  |  |  |

Directions for filling out the Entry Form:

1. Enter the student’s name in the top column and check those events the students will enter. Please make sure you write legibly.
2. A student may only enter up to 4 events.
3. Please mark Male/Female for each student.

Return this sheet to Amy Hettel (ahettel@ciu20.org)