

Athletics Official Entry Form

SOND State Summer Games

Entry Deadline: May 22

City/Delegation:

Team Name:

Head Coach:

Assistant Coaches

Address:

Phone:

Email:

(city name first)

ATHLETE'S NAME Last, First Alphabetically	Gender	Field Event	HEIGHT /DIST. 00.00M	Event	TIME 00:00.0	Relay	TIME 00:00.0
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							

List names of runners in 4x100M relay:

Relay Time:

List names of runners in 4x100M Unified Relay:

Relay Time:

List the date and location of the two competitions attended by your athletes

Pentathlon Official Entry Form

SOND State Summer Games

Entry Deadline: May 22

City/Delegation: _____
Head Coach: _____
Assistant Coaches: _____
Address: _____
Phone: _____
Email: _____

PLEASE PRINT OR TYPE ON ENTRY FORMS

PENTATHLON EVENTS

ATHLETE'S NAME Last, First Alphabetically	SEX	100 METER DASH	400 METER RUN	HIGH JUMP	RUNNING LONG JUMP	SHOT PUT
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

*SCORE IN METERS

***ENTER YOUR ATHLETES' SCORE OR TIME; NOT THEIR POINT TOTAL. ***

SEND YOUR ENTRIES BY May 22nd TO:

SPECIAL OLYMPICS NORTH DAKOTA

2616 S 26TH ST.

GRAND FORKS ND 58201

OR E-MAIL sports@specialolympicsnd.org

**IF YOU HAVE ANY QUESTIONS REGARDING THE PENTATHLON CONTACT THE PROGRAM OFFICE AT 701-746-0331.

Aquatics Official Entry Form

SOND State Summer Games

Entry Deadline: May 22

City/Delegation:

Team Name:

Head Coach:

Assistant Coaches

Address:

Phone:

Email:

(city name first)

ATHLETE'S NAME Last, First Alphabetically	Gender	Start: Diving or In Water	EVENT	TIME 00:00.0	Relay	TIME 00:00.0
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

List names of Swimmers in 4x25M relay:

Relay Time:

List the date and location of the two competitions attended by your athletes

BOCCE SINGLES ENTRY FORM
SOND State Summer Games

ENTRY DEADLINE: **May 22nd**

NO LATE ENTRIES ACCEPTED!

City/Delegation: _____

Team Name: _____

Head Coach Name: _____

Assistant Coaches: _____

Address: _____

Phone: _____

Email: _____

List names and addresses of any other coaches affiliated with this team on the coach registration form.

NAME	GENDER	ASSESSMENT SCORE
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		

Please return by: May 22nd
Special Olympics North Dakota
2616 S 26th Street
Grand Forks, ND 58201
[E-Mail: sports@specialolympicsnd.org](mailto:sports@specialolympicsnd.org)

Powerlifting Official Entry Form

SOND State Summer Games

Entry Deadline: May 22

City/Delegation: _____

Head Coach: _____

Assistant Coaches: _____

Address: _____

Phone: _____

Email: _____

(City name first)

POWERLIFTING

NAME	BODY WEIGHT* (pounds)	EVENT	Starting Lift pounds	EVENT	Starting Lift pounds	Handicap Modif. YES/NO

*Please record most current weight; very important in divisioning athletes.

*****IMPORTANT*****

USE EVENT CODES FROM MAILING

Volleyball Individual Skill Assessment Form

SOND State Summer Games

Entry Deadline: May 22

City/Delegation: _____
 Head Coach: _____
 Address: _____
 Asst Coaches: _____

Team Name: _____
 Phone: _____
 Email: _____

Team Score _____

Team Score shall be determined by adding the top eight players' scores and then dividing that total by eight.

Team Age Group

Youth - Age 8-15 _____

Youth - Age 16-21 _____

Youth - Open Ages _____

Adult Age 22-29 _____

Adult Age 30 & Over _____

Adult Open _____

*** To complete the averages use the numbers in the "Total" column!**

Summary of Individual Assessment

Please list player's in order from highest to lowest rating.

** Put an asterick by the top six players - for divisioning rounds*

	Name		Athlete / Partner	Serve	Forearm Pass	Spike	Bump Set	Total
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

Volleyball Team Assessment

SOND State Summer Games

CITY & TEAM NAME: _____

TEAM AGE GROUP: _____

The following information is designed to help the Divisioning Committee place your team in the most appropriate division.

Previous Competition record – **last 5 MATCHES**

	City/Team Name	Date	Your Score	Opponent Score	Match (W/L)
Opponent					
Game 1					
Game 2					
Game 3					
Opponent					
Game 1					
Game 2					
Game 3					
Opponent					
Game 1					
Game 2					
Game 3					
Opponent					
Game 1					
Game 2					
Game 3					
Opponent					
Game 1					
Game 2					
Game 3					
Opponent					
Game 1					
Game 2					
Game 3					

Team Strength

If you brought a team from this program to last year's competition, is this year's team:

Stronger ____ **Equal** ____ **Weaker** ____ **N/A**

Are you missing any key players? Yes ____ No ____ (if yes, please explain below)

Additional Team information

Please review the information below: Identify the level that best represents your team's ability. Circle 3, 2, or 1

3 = Higher Ability

2 = Middle Ability

1 = Lower Ability

Ability

Athletes follow the Official Volleyball Sports Rules with no prompting 3 2 1

Players can form a double block at the net 3 2 1

Most of the players serve overhead 3 2 1

The team can pass, set, and spike most of the time 3 2 1

Overall, I would rank my team 3 2 1

Information submitted by:

Head Coach _____ Date _____

Signature _____

Please return by May 22