Special Olympics Hawaii~~~Swimming Registration

DELEGATION NAME:					_ DELEGATION CONTACT NAME:				DAY PHONE:			
KEY	WC:	Wheelch	nair athlete	Veg: Vege	etarian	E-MAIL ADDRESS:						
Seizure Place by Wall		Last	Name /	First	WC	Veg	Swimming Event(s)	Event Training Time	Relay Event(s)	Relay Training Time (combined time)	Relay Team Name	

List alternates on the alternate sheet. Primary swimmers cannot be listed as alternates. A primary swimmer is someone already listed on a team for that relay. **** Team Time for the relay is the combined time for the team. Give all relay teams a specific name.

^{*}Athletes may enter a total of 4 events (2 individual events and 2 relays or 3 individual events and 1 relay)

^{*}Place an X in the box if the answer is Yes for that individual. Put a V in the Veg. column for a Vegan vegetarian.