



Name: _____ Role: Athlete Partner
 Phone: _____ Email: _____
 Mailing address: _____

Individual Events

(Please select how you completed the event)

50 Meter	<input type="checkbox"/> Run <input type="checkbox"/> Walk <input type="checkbox"/> Roll	Time: _____ : _____ : _____ (mm:ss.ms)
100 Meter	<input type="checkbox"/> Run <input type="checkbox"/> Walk <input type="checkbox"/> Roll	Time: _____ : _____ : _____ (mm:ss.ms)
1 Mile	<input type="checkbox"/> Run <input type="checkbox"/> Walk <input type="checkbox"/> Roll	Time: _____ : _____ : _____ (hh:mm:ss)
5K	<input type="checkbox"/> Run <input type="checkbox"/> Walk <input type="checkbox"/> Roll	Time: _____ : _____ : _____ (mm:ss.ms)
25M W/C Race	<input type="checkbox"/> Manual W/C <input type="checkbox"/> Powered W/C	Time: _____ : _____ : _____ (mm:ss.ms)
Standing Long Jump	<input type="checkbox"/> Yards <input type="checkbox"/> Meters	Distance: _____ . _____
Tennis Ball Throw	<input type="checkbox"/> Yards <input type="checkbox"/> Meters	Distance: _____ . _____
W/C Tennis Ball Throw	<input type="checkbox"/> Yards <input type="checkbox"/> Meters	Distance: _____ . _____

Team Events

5K Unified Team	Team Name: _____	Total Time: _____ : _____ . _____ (mm:ss.ms)
	1. Athlete Name _____	1. Time: _____ : _____ . _____ (mm:ss.ms)
	2. Partner Name _____	2. Time: _____ : _____ . _____ (mm:ss.ms)

4x100 Unified Relay	Team Name: _____	Total Time: _____ : _____ . _____ (mm:ss.ms)
	1. Athlete Name _____	1. Time: _____ : _____ : _____ (mm:ss.ms)
	2. Athlete Name _____	2. Time: _____ : _____ : _____ (mm:ss.ms)
	3. Partner Name _____	3. Time: _____ : _____ : _____ (mm:ss.ms)
	4. Partner Name _____	4. Time: _____ : _____ : _____ (mm:ss.ms)

Please turn in Scorecard by November 9, 2020 deadline to sports@soor.org

