

2015 REGIONAL ATHLETICS REGISTRATION

ATHLETE ROSTER

Please Print Clearly:

Agency Number: _____ Agency Name: _____

**Head Coach: _____ W: () _____ H: () _____ Fax: () _____

Address: _____

(City) (State) (Zip)

E-mail: _____ Cell phone contact number while at the Tournament: () _____

RETURN THIS FORM TO YOUR REGIONAL OFFICE BY THE PUBLISHED DEADLINE DATE!

I have verified that all chaperones attending the tournament are approved SOWI Class A certified volunteers (check).

Number of coaches and chaperones that will attend the Regional tournament: _____ *Reminder: athlete to coaches/chaperone ratio is minimum of 4:1*

Will you be taking qualifying athletes to the State tournament? Yes No

**Registration information for this Regional event will be sent to the person listed as head coach.

*Use best performance for qualifying score.

*Enter all distances in **meters**. Example: 1 meter, 2 centimeters is 1.02 meters.

MAXIMUM: THREE EVENTS • 3 INDIVIDUAL • 2 INDIVIDUAL & 1 RELAY • 1 INDIVIDUAL & 2 RELAY	CATEGORY LETTER	1ST EVENT	*QUALIFYING SCORE	2ND EVENT OR RELAY	*QUALIFYING SCORE	3RD EVENT OR RELAY	*QUALIFYING SCORE
		EVENT CODE	MIN: SEC. 1/10 M .CM POINTS	EVENT CODE	MIN: SEC. 1/10 M .CM POINTS	EVENT CODE	MIN: SEC. 1/10 M .CM POINTS
ATHLETE NAME (ALPHABETICAL: LAST NAME, FIRST)				RELAY TEAM NAME (15 CHAR. MAX)			
<i>Example, John</i>	<i>D</i>	<i>AT100M</i>	<i>1:09.3</i>	<i>ATLNJP</i>	<i>1.12</i>	<i>AT4X100M</i>	<i>2:45.2</i>
				<i>R1.</i>		<i>R2. Road Runners</i>	

(OVER)

*Use best performance for qualifying score.

*Enter all distances in **meters**. Example: 1 meter, 2 centimeters is 1.02 meters.

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ATHLETE NAME (ALPHABETICAL: LAST NAME, FIRST)					RELAY TEAM NAME (15 CHAR. MAX)			RELAY TEAM NAME (15 CHAR. MAX)
1					R1.		R2.	
2					R1.		R2.	
3					R1.		R2.	
4					R1.		R2.	
5					R1.		R2.	
6					R1.		R2.	
7					R1.		R2.	
8					R1.		R2.	
9					R1.		R2.	
10					R1.		R2.	