## 2015 TEAM TEE BALL\* REGISTRATION ATHLETE ROSTER

Please Print Clear	<u>riy:</u>			
Agency Number: _	Agency Name:			
Head Coach:		W: ()	H: <u>(</u>	)
	E-mail:	((`i+\/)	(Sta	te) (Zip)
	ct number while at the Tourname			
	FORM TO THE HOST REGIONAL			
	I have verified that all chaperon approved SOWI Class A certif	-		
<b>Team Name</b> : Each team must ha	ave a unique name up to <b>15 chara</b>	ters long. This nan	 ne must be used at a	all
competitions.				
New Team	Existing Team			
New Team	Existing Team ATHLETE NAMES (ALPHABETICAL: LAST NAME, FII	RST)	M/F	AGE
1.	ATHLETE NAMES	RST)	M/F	AGE
1.       2.	ATHLETE NAMES	RST)	M/F	AGE
1. 2. 3.	ATHLETE NAMES	RST)	M/F	AGE
1.   2.   3.   4.	ATHLETE NAMES	RST)	M/F	AGE
1. 2. 3.	ATHLETE NAMES	RST)	M/F	AGE
1.   2.   3.   4.   5.	ATHLETE NAMES	RST)	M/F	AGE
1.   2.   3.   4.   5.   6.	ATHLETE NAMES	RST)	M/F	AGE
1.   2.   3.   4.   5.   6.   7.	ATHLETE NAMES	RST)	M/F	AGE
1.   2.   3.   4.   5.   6.   7.   8.   9.   10.	ATHLETE NAMES	RST)	M/F	AGE
1.   2.   3.   4.   5.   6.   7.   8.   9.   10.   11.	ATHLETE NAMES	RST)	M/F	AGE
1.     2.     3.     4.     5.     6.     7.     8.     9.     10.     11.     12.	ATHLETE NAMES	RST)	M/F	AGE
1.     2.     3.     4.     5.     6.     7.     8.     9.     10.     11.	ATHLETE NAMES	RST)	M/F	AGE

\*Beginning in 2014, tee ball will only be offered at the District level, in conjunction with the Region 8 District Tournament.

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

By submitting this form I verify that the athletes on this roster competed in at least two of the documented qualifying games  $\Box$  (check  $\sqrt{}$ ). (OVER)

## 2015 DISTRICT TEAM TEE BALL

## Please Print Clearly:

Agency Number: \_\_\_\_\_\_Agency Name: \_\_\_\_\_\_

Team Name:

Total agency number of coaches and chaperones that will be attending this district tournament:

Reminder: athlete to coach/chaperone ratio is minimum of 4:1

## LIST ALL TEE BALL GAMES YOU HAVE PLAYED THIS SEASON

A minimum of **TWO GAMES** must be documented **before** the registration deadline date. **ONE** game must be played against a team from another Special Olympics Agency.

AGENCY NUMBER	OPPOSING TEAM OFFICIAL NAME	DATE OF MATCH	YOUR SCORE	THEIR SCORE			
Comments:							
Comments:							
Comments:							