2015 DISTRICT/REGIONAL TEAM BOCCE REGISTRATION ATHLETE ROSTER

| <u>Please P</u> | rint Clearly: | | | | |
|-----------------------|---|------------------|-------------------|--------------------------------|-------|
| Agency N | lumber:Agency Name: | | | | |
| Head Coa | ach: | W: <u>()</u> | F | l: <u>()</u> | |
| Address: | | | | (| (|
| |)E-mail: | (Citv) | | (State) | (Zip) |
| Cell pho | ne contact number while at the Tournamer | nt: () | | | |
| RETU | JRN THIS FORM TO THE HOST REGION O | FFICE BY THE PUI | BLISHED DEAD | LINE DATE! | |
| | I have verified that all chaperone approved SOWI Class A certifi | - | | | |
| | <u>t</u> : Teams shall consist of rosters of four, five Substitution rules will regulate the use of the | | ever only four m | ay compete a | ht . |
| * Each te of compe | Name: am must have a unique name up to 15 charac tition. w Team Existing Team | | | same at all lev | /els |
| | ATHLETE NAMES (ALPHABETICAL: LAST NAME, F | IRST) | WHEELCHAIR (X) | INDIVIDUAL **BOSAT SCORE | |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| | | | | | |

| BOSAT Team Average: | (only top four scores [†]) *** Rank: | (your teams from your |
|---------------------|--|-----------------------|
| Agency) | | |

**See bocce rules for BOSAT calculations.

[†]Better scores have a lower numerical value.

***If registering multiple teams, please rank them utilizing one to indicate the top team, two for second best, etc.

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

2015 DISTRICT/REGIONAL TEAM BOCCE

| 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 | | | | | | |
| Will you be bringing qualifying athletes to the State tournament? Yes No | | | | | | |
| LIST ALL BOCCE 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 GAME | YOUR SCORE | THEIR SCORE | | | | |
|------------------|-----------------------------|-----------------|------------|----------------|--|--|--|--|
| | | | | | | | | |
| Comments: | | | | | | | | |
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