

**(OVER)**

## 2015 DISTRICT/REGIONAL TEAM BOCCE

**Please Print Clearly:**

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

[illegible]

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:				
Comments:				
Comments:				