

# **2015 STATE OUTDOOR SPORTS TOURNAMENT**

## **TENNIS SINGLES ATHLETE ROSTER**

**Please Print Clearly:**

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

Head Coach: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**RETURN THIS FORM TO YOUR REGIONAL OFFICE WITH STATE REGISTRATION MATERIALS  
BY DEADLINE DATE!**

Player Skill Ranking: Take from Special Olympics Tennis Rating Sheet in Rules Section of Competition Guide.

	<b>ATHLETE NAME (LAST NAME, FIRST NAME)</b>	<b>M/F</b>	<b>EVENT CODE</b>	<b>*PLAYER SKILL RATING</b>
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

Athletes must be listed in alphabetical order by last name.

### **ATHLETE EVALUATION COMMENTS**

Briefly provide input on the ability of your athletes to help with divisioning:

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