**2020 STATE OUTDOOR SPORTS TOURNAMENT**

**TENNIS SKILLS 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!**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Athlete Name**(Last Name, First Name) | **\*\*qUALIFYING sCORE** | **Housing****[x]** | **Event Code** | **\*PLAYER Skill****RATING** |
| 1. |       |       | [ ]  |       |       |
| 2. |       |       | [ ]  |       |       |
| 3. |       |       | [ ]  |       |       |
| 4. |       |       | [ ]  |       |       |
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| 10. |       |       | [ ]  |       |       |
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| 17. |       |       | [ ]  |       |       |
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| 19. |       |       | [ ]  |       |       |
| 20. |       |       | [ ]  |       |       |

Athletes must be listed in alphabetical order by last name.

\* Player Skill Ranking: Take from Special Olympics Tennis Rating Sheet in Rules Section of Competition Guide. All players must have a Level 1 Rating to compete in Individual Tennis Skills competition.

\*\* Refer to tennis skills rules to calculate final score to use as qualifying score.