

By submitting this form I verify that the athletes on this roster competed in at least two of the documented qualifying games ☐ (check ☒).

# **2015 DISTRICT TEAM FOOTBALL (SOCCER)** **ATHLETE ROSTER**

**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 taking qualifying athletes to the State tournament? ☐ Yes ☐ No

## **LIST ALL SOCCER GAMES 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:				