2015 DISTRICT TEAM FOOTBALL (SOCCER) REGISTRATION

Please Print Clearly:					
Agency Number:	Agency Name:				
*Head Coach:		W: <u>(</u>)	H: ()
Fax: <u>()</u>	E-mail:	(C	ity)	(Stat	e) (Zi
	nber while at the Tournam				
	I TO THE HOST REGIONA				NE DATE!
۱h	ave verified that all chapero approved SOWI Clas			t are	
Team Name: Each team must have a	unique name, up to 15 char	acters long.			
New Team	Existing Team				
	ATHLETE NAMES (ALPHABETICAL: LAST NAM			M/F	AGE
1.	,	•			
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.				ļ	
11.				ļ	
12.					

**Registration information for this district event will be sent to the person listed as the head coach.

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 TEAM FOOTBALL (SOCCER) ATHLETE ROSTER

Please Print Clearly:						
Agency Number:	Agency Name:					
Team Name:						
Total agency number of coaches and	d chaperones that will be attending this district	tournament:				
Reminder: athlete to coach/chap	perone ratio is minimum of 4:1					
Will you be taking qualifying athle	tes to the State tournament? Yes	No 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:				
Commente.				
Comments:				