

Please Print Clearly:

(OVER)

2015 DISTRICT TEAM SOFTBALL

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 team(s) to the State tournament? ☐ Yes ☐ No

LIST ALL SOFTBALL 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:				