2015 DISTRICT TEAM SOFTBALL REGISTRATION ATHLETE ROSTER

Fax: () E-mail: Cell phone contact number while at the Tournament: () RETURN THIS FORM TO YOUR HOST REGIONAL OFFICE BY THE PUBLISHED DEADLINE DATE! I have verified that all chaperones attending the tournament are approved SOWI Class A certified volunteers	<u>Pleas</u>	e Print Clearly:						
Address: Fax: (Agend	cy Number:	Agenc	y Name:				
Address: Fax: (Head (Coach:			W: <u>(</u>)	H: <u>()</u>	
Fax: (
Cell phone contact number while at the Tournament: () RETURN THIS FORM TO YOUR HOST REGIONAL OFFICE BY THE PUBLISHED DEADLINE DATE! I have verified that all chaperones attending the tournament are approved SOWI Class A certified volunteers					/Cit	y)	(State)	(Zi
RETURN THIS FORM TO YOUR HOST REGIONAL OFFICE BY THE PUBLISHED DEADLINE DATE! I have verified that all chaperones attending the tournament are approved SOWI Class A certified volunteers ☐ (check √). Team Name: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐								
Each team must have a unique name, up to 15 characters long. The name must be used at all competitions. New Team Existing Team ATHLETE NAMES (ALPHABETICAL: LAST NAME, FIRST) M/F AGE 1. 2. 3. 4. 5. 6. 7. 8. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9.	RET		verified that all	chaperones att	tending the tou	rnament are appro		ιΤΕ!
New Team							ed at all	
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14.								

(OVER)

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

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 SOFTBALL

Please Print Clearly:										
Agency Num	nber: 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:										