## **2015 DISTRICT GOLF REGISTRATION** ATHLETE ROSTER

Please Print Clearly:					
Agency Number:Agency Name:		_			
**Head Coach:	_W: <u>(</u> )	H: <u>(</u> )			
Address:					
Fax: <u>(</u>	(City)	(State) (Zip)			
Cell phone contact number while at the Tournament: ( )					
Number of coaches and chaperones that will attend this district tournament:					
Reminder: athlete to coach/chaperone ratio is minimum of 4:1 (do not include alternate shot partners in					
total)					
Will you be bringing qualifying athletes to the State tournament?  Yes  No					
RETURN THIS FORM TO YOUR HOST REGIONALOFFICE BY THE PUBLISHED DEADLINE DATE!					
I have verified that all chaperones attending the tournament are approved SOWI Class A certified volunteers $\Box$ (check $$ ).					

	ATHLETE NAMES (ALPHABETICAL: LAST NAME, FIRST)	UNIFIED ATHLETE [x]	EVENT CODE	*AVERAGE SCORE
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

<sup>\*</sup>Average of six scores recorded on following pages
\*\*Registration information for this event will be sent to the person listed as head coach.

## 2015 DISTRICT GOLF ATHLETE REGISTRATION LEVEL 2 – ALTERNATE SHOT

<u>Please Print Clearly:</u>					
Agency Number: Agency Name:					
RETURN THIS FORM TO THE HOST REGIONAL OFFICE BY THE PUBLISHED DEADLINE DATE!					
Two of the six required scores must be completed on courses of 2,400 yards or longer. Also list the six most recent scores since the last Outdoor Sports Tournament for the athlete and partner below.					
* Team Name:   _ _ _ _					
**Athlete Names (Alphabetical: Last Name, First)  Team Average  1					
2					
Six most recent nine-hole scores:					
* Team Name:   _ _ _ _					
**Athlete Names (Alphabetical: Last Name, First)  Team Average  1					
2					
Six most recent nine-hole scores:					
* Team Name:   _ _ _ _ _					
**Athlete Names (Alphabetical: Last Name, First)  Team Average					
1					
Six most recent nine-hole scores: Course Par:					
Course Length (yards):					

<sup>\*</sup>Teams must have a unique name up to 15 characters long. The name will remain the same for all competition.

<sup>\*\*</sup>Athlete names and partner athlete names must also appear on your golf athlete roster.

## 2015 DISTRICT GOLF ATHLETE REGISTRATION LEVEL 4 – 9 HOLE

Please Print Clearly:		
Agency Number:	_ Agency Name:	
*THESE NAMES MUST ALSO	APPEAR ON YOUR GOLF ATHLET	TE ROSTER.
•	nust be completed on courses of 2,40 t Outdoor Sports Tournament for the	,
*Athlete Name (Last Name, First	•	Average
Course Pa	s: r:	
*Athlete Name (Last Name, First 2.	•	Average
Six most recent nine-hole scores	3:	
Course Pal Course Length (yards	r:	
*Athlete Name (Last Name, First 3.	,	Average
Six most recent nine-hole scores	S:	
Course Pal Course Length (yards	r:	
*Athlete Name (Last Name, First 4.	t)	Average _
Six most recent nine-hole scores	s:	
Course Pa Course Length (yards	r:	
*Athlete Name (Last Name, First 5.	t)	Average _
Six most recent nine-hole scores	S:	
Course Pa Course Length (yards	r: s):	