

## **2015 STATE SUMMER GAMES** **ATHLETICS ATHLETE ROSTER**

**Please Print Clearly:**

Agency Number: \_\_\_\_\_ Agency Name: \_\_\_\_\_

Head Coach: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**RETURN THIS FORM TO YOUR REGIONAL OFFICE WITH STATE REGISTRATION MATERIALS BY DEADLINE DATE!**

	ATHLETE NAME (LAST NAME, FIRST NAME)	M/F	WCH [X]	EVENT CODE		
1.			<input type="checkbox"/>			
2.			<input type="checkbox"/>			
3.			<input type="checkbox"/>			
4.			<input type="checkbox"/>			
5.			<input type="checkbox"/>			
6.			<input type="checkbox"/>			
7.			<input type="checkbox"/>			
8.			<input type="checkbox"/>			
9.			<input type="checkbox"/>			
10.			<input type="checkbox"/>			
11.			<input type="checkbox"/>			
12.			<input type="checkbox"/>			
13.			<input type="checkbox"/>			
14.			<input type="checkbox"/>			
15.			<input type="checkbox"/>			

Categories are listed in the Competition Guide.

Athletes in relays must also be entered on the relay team forms.

## 2015 STATE SUMMER GAMES ATHLETICS RELAY TEAM ROSTER

**Please Print Clearly:**

Agency Number: \_\_\_\_\_ Agency Name: \_\_\_\_\_

**Team Name:** | | | | | | | | | | | | | | |

Each team must have a unique name **15 characters long** or less. This name will be used at all competitions.

**Event Code:** \_\_\_\_\_

### List Alphabetically

ATHLETE NAME (LAST NAME, FIRST NAME)	
1.	
2.	
3.	
4.	
5.	
6.	

**Team Name:** |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

Each team must have a unique name **15 characters long** or less. This name will be used at all competitions.

**Event Code:** \_\_\_\_\_

List Alphabetically

ATHLETE NAME (LAST NAME, FIRST NAME)	
1.	
2.	
3.	
4.	
5.	
6.	

Each relay can have up to six athletes entered per relay team. Any four of the six can run at the summer games. An athlete may not switch teams or relay events for any reason at district or State.