

2015 STATE OUTDOOR SPORTS TOURNAMENT GOLF 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)	UNIFIED PARTNER [X]	M/F	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"/>		
16.		<input type="checkbox"/>		
17.		<input type="checkbox"/>		
18.		<input type="checkbox"/>		
19.		<input type="checkbox"/>		
20.		<input type="checkbox"/>		

Athletes must be listed in alphabetical order by last name.
Athletes can only participate in one level of competition.