2015 STATE OUTDOOR SPORTS TOURNAMENT BOCCE TEAM REGISTRATION FORM

Please Print Clearly:
Agency Number:Agency Name:
Head Coach: Cell Phone:
RETURN THIS FORM TO YOUR REGIONALOFFICE WITH STATE REGISTRATION MATERIALS BY DEADLINE DATE!
Team Name:
Team Name:
Athlete Names [Last Name, First Name] M/F AGE WHCH 1
2
4
5
BOSAT TEAM AVERAGE: [Only Top Four Scores Used] TEAM RANKING:
The team shall consist of rosters of four, five or six athletes; however, only four can compete at one time. Substitution rules will regulate the use of the fifth or sixth players. If your Agency is bringing multiple team rank your teams with one indicating the highest ability, two for the next highest ability and so forth.
TEAM EVALUATION COMMENTS
Briefly provide input on the ability of your team, i.e. loss or addition of key players from last year, etc.