2012 DISTRICT TEAM BOCCE REGISTRATION

Please Print Clearly:

Agency Number: _____ Agency Name: _____

Head Coach: _____ W: (_____) _____ H: (_____) _____

Address: _____
(City) (State) (Zip)

Fax: (_____) _____ E-mail: _____

Cell phone contact number while at the Tournament: (_____) _____

RETURN THIS FORM TO THE HOST AREA OFFICE BY THE PUBLISHED DEADLINE DATE!

I have verified that all chaperones attending the tournament are approved SOWI Class A certified volunteers ☐ (check √).

Important: *Teams shall consist of rosters of four, five or six athletes; however only four may compete at one time. Substitution rules will regulate the use of the 5th or 6th players.*

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

☐ New Team ☐ Existing Team

	ATHLETE NAMES (ALPHABETICAL: LAST NAME, FIRST)	WHEELCHAIR (X)	INDIVIDUAL **BOSAT SCORE
1.		☐	
2.		☐	
3.		☐	
4.		☐	
5.		☐	
6.		☐	

BOSAT Team Average: _____ (only top four scores†) ***** Rank:** _____ (your teams from your agency)

* Each team must have a unique name up to **15 characters long**. The names will stay the same at all levels of competition.

**See bocce rules for BOSAT calculations.

†Better scores have a lower numerical value.

***If registering multiple teams, please rank them utilizing one to indicate the top team, two for second best, etc.

By submitting this form I verify that the athletes on this roster competed in at least two of the documented qualifying games ☐ (check √).

(OVER)

2012 DISTRICT TEAM BOCCE

Please Print Clearly:

Agency Number: _____ 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 bringing qualifying athletes to the State tournament? ☐ Yes ☐ No

LIST ALL BOCCE GAMES YOU HAVE 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 GAME	RANK	YOUR SCORE	THEIR SCORE
Comments:					
Comments:					
Comments:					