2012 STATE OUTDOOR SPORTS TOURNAMENT
BOCCE TEAM REGISTRATION FORM

Please Print Clearly:

Agency Number: _____ Agency Name: _____

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

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

Each team must have a unique name, up to **15 characters long**. The name must be used at all competitions.

CHECK ALL ITEMS:

☐ New Team ☐ Existing Team

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

Athlete Names [Last Name, First Name]	M/F	AGE	WHCH
1.			
2.			
3.			
4.			
5.			
6.			

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 teams, rank your teams with one indicating the highest ability, two for the next highest ability and so forth.**

(OVER)

2012 STATE TEAM BOCCE

Please Print Clearly:

Agency Number: _____

Agency Name: _____

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

Each team must have a unique name, up to **15 characters long**. The name must be used at all competitions.

Please list all of the games you have played:

	AGENCY NUMBER	OPPOSING TEAM OFFICIAL NAME (BE SPECIFIC)	DATE OF GAME	YOUR SCORE	THEIR SCORE
1.					
2.					
3.					
4.					
DISTRICT COMPETITION					
1.					
2.					

You must have at least two documented games plus district competition upon registration for State games. List additional games below.

_____

_____

_____

_____

TEAM EVALUATION COMMENTS

Briefly provide input on the ability of your team, i.e. loss or addition of key players from last year, etc.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____