2014 DISTRICT VOLLEYBALL REGISTRATION TEAM VOLLEYBALL

| Pleas | se Print Clearly: | | | | | | |
|---|--|----------------|--------------|--|--|--|--|
| Ager | cy Number:Agency Name: | | | | | | |
| *Head | Coach: W: () H | : () | | | | | |
| Addr | ess: | | | | | | |
| | (City) (City) | (State) | (Zip) | | | | |
| | phone contact number while at the Tournament: (| | | | | | |
| I have verified that all chaperones attending the tournament are approved SOWI Class A certified volunteers \Box (check $$). | | | | | | | |
| RETURN THIS FORM TO THE HOST REGIONAL OFFICE BY THE PUBLISHED DEADLINE DATE! | | | | | | | |
| Team Name: | | | | | | | |
| CHECK ALL ITEMS: | | | | | | | |
| ☐ New Team ☐ Existing Team | | | | | | | |
| | ATHLETE NAMES (ALPHABETICAL: LAST NAME, FIRST) | *VSAT SCORE | TOP 6 [X] | | | | |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | | | | | | | |
| 6. 7. | | | | | | | |
| 8. | | | | | | | |
| 9. | | | | | | | |
| 10. | | | | | | | |
| 11. | | | | | | | |
| 12. | | | | | | | |
| | COMPUTE THE AVERAGE OF TOP SIX VSAT SCORES = | | | | | | |

By submitting this form I verify that the athletes on this roster competed in at least two of the documented qualifying matches \Box (check \lor). (OVER)

^{*}See volleyball rules for skills calculation.

^{**}Registration information will be sent to person listed as head coach.

2014 VOLLEYBALL SEASON

| 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 coaches/chaperone ratio is minimum of 4:1 | | | | | | | |
| Will you be taking qualifying teams to the State Fall Sports Tournament? Yes No | | | | | | | |
| LIST ALL VOLLEYBALL MATCHES PLAYED THIS SEASON | | | | | | | |
| (A minimum of TWO MATCHES must be documented here before the registration deadline date. ONE match must be played against a team from another Special Olympics Agency.) | | | | | | | |
| AGENCY NUMBER | OPPOSING TEAM OFFICIAL NAME | DATE OF MATCH | YOUR SCORE | THEIR SCORE | | | |
| | | | 1) | 1) | | | |
| | | | 2) | 2) | | | |
| | | | 3) | 3) | | | |
| Comments: | | | | | | | |
| | | | | | | | |
| | | | 1) | 1) | | | |
| | | | 2) | 2) | | | |
| | | | 3) | 3) | | | |
| Comments: | | | | | | | |
| | | | | | | | |
| | | | 1) | 1) | | | |
| | | | 2) | 2) | | | |
| | | | 3) | 3) | | | |
| Comments: | | | | | | | |