## 2015 STATE FLAG FOOTBALL TOURNAMENT EVENT DESCRIPTION

#### **OFFICIAL EVENTS OFFERED:** Participation does not conflict with eligibility for Bowling or Volleyball

1. FLAG FOOTBALL

Event Code Event Description

FFTEAM FF Flag Football Team

#### ELIGIBILITY FOR FLAG FOOTBALL TOURNAMENT PARTICIPATION

- 1. Valid Special Olympics Release Form, Application for Participation in Special Olympics on file in the Headquarters office postmarked by September 15, 2015 and remains valid through the last day of the tournament.
- 2. Athletes must participate in at least eight weeks of official Special Olympics training prior to State competition.
- 3. Each team must have at least one Head Coach who is certified in Flag Football, registered and in attendance with the team for the State Tournament.
- 4. Teams must play a minimum of two (documented) games against other Special Olympics teams prior to registration for state competition. The team roster must remain the same for the two qualifying games and State competition. Teams that modify their rosters will forfeit all games. Qualifying games must be played against other teams with an Intent to Play form on file. One game must be played against a team from another Agency. Forfeited games do not count toward the scrimmage requirement.

#### STATE TOURNAMENT HOST:

Region 4

#### **HOUSING:**

None provided

#### **COST TO PARTICIPATE:**

None – no meals provided, but may be available for purchase.

#### **SPECIAL EVENTS:**

Inclusive Dance & Cheer Clinic

# 2015 STATE TEAM FOOTBALL REGISTRATION ATHLETE ROSTER

Please Print	Clearly:						
Agency Numb	ber:	Agenc	y Name:				
Head Coach:				W: <u>(</u>	)	H: <u>(</u> )	
Address:							
					(City)	(State)	(Zip)
Cell phone c	ontact numb	oer while at t	he Tourname	ent: (	)		
TOTAL NUMBER REMINDER: ATI					S THIS STATE TOL	RNAMENT:	
VOLUNTEERS  BY SUBMIT  DOCUMENT  Team Nar	TTING THIS FORI TED QUALIFYING	M   VERIFY THAT G GAMES.	T THE ATHLETES	S ON THIS RO	STER COMPETED	TO SOWI CLASS A CERTIFIED  IN AT LEAST TWO OF THE  ST BE USED AT ALL	,
COMPETITIONS		IQUE NAME, UF	10 IJ CHAKA	CIERS LONG	. THE NAME MO	ST BE USED AT ALL	
	Team		Existing Tea	am			
			<b>ATHLETE NAM</b> ETICAL: LAST N	_	)	M/F	
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2.							
3.	<u> </u>						
4.	<del>                                     </del>						
5. 6.	+					+	
7.	+					+	

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

8.9.10.11.12.13.14.15.

### 2015 STATE TEAM FOOTBALL

PLEASE PRINT C	LEARLY:							
	R:AGENCY NAME:							
ТЕАМ NAME:								
	LIST ALL FOOTBALL GAMES PI	LAYED THIS SE	EASON					
(A MINIMUM OF <b>TWO GAMES</b> MUST BE DOCUMENTED <b>BEFORE</b> THE REGISTRATION DEADLINE DATE. <b>ONE</b> GAME MUST BE PLAYED AGAINST A TEAM FROM ANOTHER SPECIAL OLYMPICS AGENCY.)								
AGENCY NUMBER	OPPOSING TEAM OFFICIAL NAME	DATE OF MATCH	YOUR SCORE	THEIR SCORE				
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Comments:								
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Comments:								
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