



# BOCCE TEAM

## ATHLETE FORM



<b>TEAM NAME</b>	
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<b>REGION</b>	
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**INSTRUCTIONS:**

1. All athletes may enter Team competition only (teams of 4)
2. List regular athletes first, followed by alternates.
3. Please indicate which team they are on using 1,2,3, etc.
4. If you have more than 4 teams please print another form

ACTIVE ATHLETES		DATE OF BIRTH (Month/Day/Year)	SEX		Individual Score	TEAM AVERAGE	TEAM 1,2,3,etc.
Last Name	First Name		M	F			
1							
2							
3							
4							
1							
2							
3							
4							
1							
2							
3							
4							
1							
2							
3							
4							

ALTERNATE ATHLETES		DATE OF BIRTH (Month/Day/Year)	SEX		Individual Score	TEAM AVERAGE	TEAM 1,2,3,etc.
Last Name	First Name		M	F			
1							
2							
3							
4							

# BOCCE TEAM

## COACH FORM



**Special  
Olympics**  
New York



### INSTRUCTIONS

1. All coaches within your quota must be certified.
2. Alternate coaches are activated in the event active coaches are unable to attend games.
3. All volunteers for team must be registered. This includes coaches, agency staff, one-on-ones, chaperones, etc.

TEAM NAME		REGION	
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ACTIVE COACHES			DATE OF BIRTH (Month/Date/Year)	GENDER		Certification Current?	
#	Last Name	First Name		M	F	Yes	No
1							
2							
3							
4							
5							

ALTERNATE COACHES			DATE OF BIRTH (Month/Date/Year)	GENDER		Certification Current?	
#	Last Name	First Name		M	F	Yes	No
1							
2							
3							

AGENCY STAFF, 1:1, CHAPERONES, ETC.			DATE OF BIRTH (Month/Date/Year)	GENDER		Certification Current?	
#	Last Name	First Name		M	F	Yes	No
1							
2							
3							
4							
5							