

PETER AQUILONE WINTER CLASSIC

ATHLETE FORM

TEAM NAME		REGION	
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INSTRUCTIONS		TEAM TOTAL	
1) Fill out last name, first name, date of birth, and gender of all athletes that are being registered. 2) All athletes of the team must participate in the Floor Hockey Team Skills Assessment Test . 3) Team Total is the sum of ALL the players scores. Team Average is the Team Total divided by roster size. 4) Roster Size (11 minimum-16 maximum players).		TEAM AVERAGE	

ACTIVE ATHLETES			DATE OF BIRTH (Month/Day/Year)	GENDER	
#	Last Name	First Name		M	F
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					

ALTERNATES			DATE OF BIRTH (Month/Day/Year)	GENDER	
#	Last Name	First Name		M	F
1					
2					
3					
4					
5					



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COACH FORM

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							



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