

CDR GOLF Regional - Alternate Shot Team Play 9 Hole

ACTIVE ATHLETES

TEAM NAME		REGION	
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INSTRUCTIONS:

1. A team shall consist of one athlete with an intellectual disability and one Unified partner without an intellectual disability.
2. For Special Olympics athlete golfers with an entry level of understanding of golf, this level is designed to give the Special Olympics athlete an opportunity to transition from individual skills to individual play and to progress under the guidance of a Unified partner whose ability and knowledge of golf is more advanced than that of the Special Olympics athlete. As a result, this scenario does not function in the traditional Unified Sports model where teammates are expected to be of similar ability. The Unified partner serves as a coach and mentor so that the Special Olympics athlete becomes self-sufficient on the golf course.
3. **Partners should NOT be listed on coaches form.**
4. Each team shall register by submitting the most recent six scores under the alternate shot format. The scores must be accompanied by the par for the course for each score.



**Special
Olympics**
New York

ACTIVE ATHLETES			DOB	GENDER		ATHLETE/ PARTNER	Scores							
Last Name	First Name	M		F	Each team shall register by submitting the most recent six scores and the course par									
1						ATHLETE	Team Scores							
						PARTNER	Par							
2						ATHLETE	Team Scores							
						PARTNER	Par							
3						ATHLETE	Team Scores							
						PARTNER	Par							
4						ATHLETE/	Team Scores							
						PARTNER	Par							



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ALTERNATE ATHLETES

TEAM NAME	
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REGION	
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CDR GOLF Regional - Alternate Shot Team Play 9 Hole 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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