

CDR GOLF Regional - Individual Stroke Play 9 Hole

ATHLETE FORM

TEAM NAME	
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REGION	
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INSTRUCTIONS:

1. This level is to meet the needs of those Special Olympics golfers who wish to play individually in a tournament where the stipulated round is nine holes. The player should be capable of playing INDEPENDENTLY and must be able to walk the entire nine-hole round.
2. Each player shall register by submitting a verified handicap or the most recent six scores over nine holes. The scores must be accompanied by the par for the course.



ATHLETES NAMES			DOB	SEX		HANDI-CAP	Scores						
Last Name	First Name	MALE		FEMALE	Each team shall register by submitting the most recent six scores and the course par								
1							Scores						
							Par						
2							Scores						
							Par						
3							Scores						
							Par						
4							Scores						
							Par						
5							Scores						
							Par						
6							Scores						
							Par						
7							Scores						
							Par						
8							Scores						
							Par						



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ALTERNATE ATHLETE FORM

TEAM NAME	
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REGION	
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INSTRUCTIONS:

1. This level is to meet the needs of those Special Olympics golfers who wish to play individually in a tournament where the stipulated round is nine holes. The player should be capable of playing INDEPENDENTLY and must be able to walk the entire nine-hole round.
2. Each player shall register by submitting a verified handicap or the most recent six scores over nine holes. The scores must be accompanied by the par for the course.



ALTERNATE ATHLETES NAMES			DOB	SEX		HANDI-CAP	Scores						
Last Name	First Name	MALE		FEMALE	Each team shall register by submitting the most recent six scores and the couse par								
1							Scores						
							Par						
2							Scores						
							Par						
3							Scores						
							Par						
4							Scores						
							Par						
5							Scores						
							Par						
6							Scores						
							Par						
7							Scores						
							Par						
8							Scores						
							Par						

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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							



**Special
Olympics**
New York

