

Bocce/Unified Bocce Registration

- Events offered will be Team and Unified Team Bocce.
- All athletes must have a valid medical and consent form in order to compete. Coaches should have copies with them.
- Please list athletes/partners in teams of four. Unified teams should have two athletes and two partners.

Training Club: _____

Head Coach: _____ Email & Phone: _____

ATHLETES NAMES:		DATE OF BIRTH <i>MM/DD/YYYY</i>	GENDER: <i>M OR F</i>	ASSESSMENT SCORE	TEAM: <i>A, B, C, ETC.</i>	UNIFIED PARTNER <i>Y OR N</i>
<i>LAST</i>	<i>FIRST</i>					
					A	
					A	
					A	
					A	
					B	
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					F	

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<i>LAST</i>	<i>FIRST</i>					
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