

Training Division Level 1: Team Skills Competition Roster Form

Due to Special Olympics Delaware by **Friday, February 17, 2012.**

Fax (302) 831-3483

Check which event attending:	Kent County Skills Competition (Tues, March 1): _____	
	New Castle County Skills Competition (Mon, March 5): _____	
	Sussex County Skills Competition (Thurs, March 8):	Not Offered

Program/Team: _____
 Head Coach: _____
 Daytime Phone Number: _____ Cell Phone: _____
 Email: _____

Assistant Coaches/Team Volunteers

	Coach	Team Volunteer
Name: _____	<input type="checkbox"/>	<input type="checkbox"/>
Name: _____	<input type="checkbox"/>	<input type="checkbox"/>

If additional Team Volunteers are needed you must submit the **Additional Coach/Team Volunteer Request Form** with your registration.

Name of Athlete (First, Last)	
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Team Classification	
Age Group:	<input type="checkbox"/> 8-12yrs old Elementary/Youth Divisions
	<input type="checkbox"/> 13-15yrs old Middle School/Junior Divisions
	<input type="checkbox"/> 16-21yrs old High School/Intermediate Divisions
	<input type="checkbox"/> 22 and older Adult Divisions

Copy form as needed. Submit 1 copy per team.