

Delegation Registration

Delegatio	n Name			
Head of D	Delegation			
Address				
	City		State	_ZIP
Phone	Work	Home	Cell	
Email				

List all coaches, partners and chaperons who will be attending the competition with your delegation. Please indicate the **role** and **sport** by placing an "X" in the appropriate column or colums. If some are in a multi role function (ie.HOD and Coach), be sure to X multiple boxes. DO NOT INCLUDE ATHLETES ON THIS PAGE

		R	ole		Sport					
Name	HOD	СОАСН	PART	СНАР	B-Ball	Bowl	Bocce			
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
11.										
12.										
13.										
14.										
15.										

Delegation Registration Continued...

	Role				Sport					
Nama				0//45						
Name	HOD	COACH	PARI	CHAP		B-Ball	Bowl	Bocce		
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
11.										
12.										
13.										
14.										
15.										
16.										
17.										
18.										
19.										
20.										
21.										
18.										
19.										
20.										
21.										



Unified Bocce Doubles

Delegation:

Team #1	Tear	m Score
Athlete		
Athlete		
Partner		
Partner		

Team #2	Tea	m Score
Athlete		
Athlete		
Partner		
Partner		

Team #3	Tea	m Score
Athlete		
Athlete		
Partner		
Partner		

Team #4	Tea	m Score
Athlete		
Athlete		
Partner		
Partner		

Team #5	Tea	m Score
Athlete		
Athlete		
Partner		
Partner		

Team #6	Tear	m Score
Athlete		
Athlete		
Partner		
Partner		

Team #7	' Teai	n Score
Athlete		
Athlete		
Partner		
Partner		

Team #8	Tear	n Score
Athlete		
Athlete		
Partner		
Partner		

Team #9	Tear	n Score
Athlete		
Athlete		
Partner		
Partner		

Team #1	0 Tea	m Score
Athlete		
Athlete		
Partner		
Partner		



Bowling Entry Form - South Regional

NOTE: All Athletes must have an average score recored in the appropriate box next to their name.

Entries without scores will not be registered.

Delegation:								
Nam		DOB	Gender		Average	Ramp Avg.	Assiste RampAvg.	
1.	Example: Athlete Name	11/11/2012	М				100	
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12.								
12.								
13.								
14.								
15.								
16.								
17.								
17. 18. 19. 20. 21. 22.								
19.								
20.								
21.								
23.								
24.								
23. 24. 25. 26. 27. 28. 29. 30.								
26.								
27.								
28.								
29.								
30.								



Basketball Team Registration Form - Basketball 3 on 3

Delegation:		Team Number:						
	Name		Male/Female	Age				
1.								
2.								
3.								
4.								
5.								
6.								
Head Coach:								

Delegation:		Team Number:		
	Name		Male/Female	Age
1.				
2.				
1. 2. 3.				
4.				
5.				
5. 6.				
Head Coach:				

Delegation:		Team Number:		
	Name		Male/Female	Age
1. 2.				
2.				
3.				
4.				
5.				
6.				
Head Coach:				

Delegation:									
	Name		Male/Female	Age					
1.									
1. 2.									
3.									
4.									
<i>4.</i> <i>5.</i>									
6.									
Head Coach:									



Basketball Team Registration Form - Team Skills

Dele	gation:		Team Number:		
		Name		Male/Female	Age
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
Head	d Coach:				

Delegation:		Team Number:		
	Name		Male/Female	Age
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
Head Coach:				•



Basketball - Individual Skills Form - Level 1

Delegation:							
Name	DOB	Gender	Target Pass	10 M Dribble	Spot Shot	Speed Dribble	Total Score
1.							
2.							
2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
13. 14. 15.							
15.							

Basketball - Individual Skills Form - Level 2

Delegation:							
Name	DOB	Gender	12 M Dribble	Perimeter Shooting	Catch and Pass	Total Score	
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							



Basketball Team Registration Form

Delegation:				Team Number:		Level	A, B, C
Scrimmage Da	ate:	Opponent		Place			
Head Coach:							
		Male/Fe	male	Age			
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							





Basketball Team Registration Form

Delegation:				Team Number:		Level	A, B, C
Scrimmage Da	ate:	Opponent		Place			
Head Coach:							
		Male/Fe	male	Age			
1.							
2.							
3.							
4.							
5.							
1. 2. 3. 4. 5. 6. 7. 8.							
7.							
8.							
10.							
11.							
9. 10. 11. 12.							



Basketball Team Registration Form

Delegation:			Team Num	ber:		Level	A, B, C
Scrimmage Da	ate:	Opponent	Place				
Head Coach:							
	Tean	n Roster			Male/Fe	male	Age
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							





Basketball Team Registration Form

Delegation:			Team Number:		Level	A, B, C
Scrimmage Da	ate:	Opponent	Place			
Head Coach:						
	Tear	n Roster		Male/Fe	male	Age
1.						
2.						
3.						
4.						
5.						
1. 2. 3. 4. 5. 6. 7. 8.						
7.						
8.						
10.						
11.						
9. 10. 11. 12.						



Delegation Statistics

Delegation:

HOLIDAY CLASSIC	
Total Number of Athletes:	
Total Number of Coaches:	
Total Number of Chaperons:	
Total Number of Partners:	
Total Delegation:	0

(This number will determine the total number of meal tickets and t-shirts allotted for your team.)

Sport Information:

Total number of athletes competing in:

Bowling Singles:	Ramp:	Assisted Ramp:
Basketball:	# Teams	Level: (A, B, C)
ISC - Level 1	ISC - Level 1	_
Basketball 3on3:	# Teams	Level: C Level Only
Team Skills	# Teams	_
UT Bocce	# Teams	_
_ <i>u</i>		

Bowling

Teams will be placed into Sessions according to available numbers and will not have the option of choosing

 Session 1
 Saturday - 8:00 am - 11:00 am

 Session 2
 Saturday - 11:00 am - 2:00 pm

Meals:

List the total number of meals you will need for each meal provided. Do not include your extra meal tickets. This number should not exceed the total number of your delegation.

Friday		Total Attendin	ng Dinner	
Saturday		Total Attendir	ng Lunch	
Extra Meal Tickets:				
List the number of extra meal tickets	s you anticipate	e needing during the durat	tion of the Games.	
Total tickets requested:	0	at \$15.00 each	Total Amount Due:	

Note: We will not be accepting cash or check during the Games. If you find that you need to purchase extra tickets while you are at the Games, you must collect the funds and deposit them into your account with a Revenue Submittal Form.

\$0.00

Tee Shirt Order Form (Include all athletes, coaches Unified Partners, and chaperons)

Adult Sizes	Small	Medium	Large	X-Large	XX-Large	XXX-Large	Total
							0
				4X-Large	5X-Large	6X-Large	