

School/Agency: _____

Registrant Name: _____

Upper East Area 3 Special Olympics Bocce Registration

Please check the event you are registering for and complete the below information. Please print clearly for accurate registration. Registration forms must be emailed by **2/22/2019 to registration@area3sotn.com. Attach additional copies if needed.**

of Athletes: _____

Head Coach Name: _____

of Unified Players: _____

Head Coach Email Address: _____

***NOTE: The email address listed here will allow for us to email a registration confirmation back to you.**

Athlete Name	Unified Partner Name	Competing Event (Singles, Doubles, Team, Unified)	Team Name (Team & Unified Only)	DOB	Age	Gender	Wheelchair?

Please make sure to check-in when arriving at Johnson City Indoor Soccer and that each athlete wears a name tag.