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 the appropriate deadline to registration@area3sotn.com. Attach additional copies if needed.

_____ Adult (Ages 22+)
_____ Elementary/Middle/Intermediate/High School (Ages 8-21)

_____ February 28, 2019 (**Deadline 2/1/2019**)
_____ March 1, 2019 (**Deadline 2/1/2019**)

# 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	Team Name	DOB	Gender	Practice Score Game #1	Wheelchair?

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