

School/Agency: _____

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 **2/28/2020** 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 will allow us to email a registration confirmation back to you

Name	Athlete or Unified Partner	Captain*	Competing Event (Select only one)	Team Name (Team & Unified Only)	DOB	Gender	Wheel chair?
	<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner	<input type="checkbox"/>	<input type="checkbox"/> Singles <input type="checkbox"/> Doubles <input type="checkbox"/> Team <input type="checkbox"/> Unified Doubles <input type="checkbox"/> Unified Team			<input type="checkbox"/> Male <input type="checkbox"/> Female	
	<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner	<input type="checkbox"/>	<input type="checkbox"/> Singles <input type="checkbox"/> Doubles <input type="checkbox"/> Team <input type="checkbox"/> Unified Doubles <input type="checkbox"/> Unified Team			<input type="checkbox"/> Male <input type="checkbox"/> Female	
	<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner	<input type="checkbox"/>	<input type="checkbox"/> Singles <input type="checkbox"/> Doubles <input type="checkbox"/> Team <input type="checkbox"/> Unified Doubles <input type="checkbox"/> Unified Team			<input type="checkbox"/> Male <input type="checkbox"/> Female	
	<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner	<input type="checkbox"/>	<input type="checkbox"/> Singles <input type="checkbox"/> Doubles <input type="checkbox"/> Team <input type="checkbox"/> Unified Doubles <input type="checkbox"/> Unified Team			<input type="checkbox"/> Male <input type="checkbox"/> Female	
	<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner	<input type="checkbox"/>	<input type="checkbox"/> Singles <input type="checkbox"/> Doubles <input type="checkbox"/> Team <input type="checkbox"/> Unified Doubles <input type="checkbox"/> Unified Team			<input type="checkbox"/> Male <input type="checkbox"/> Female	
	<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner	<input type="checkbox"/>	<input type="checkbox"/> Singles <input type="checkbox"/> Doubles <input type="checkbox"/> Team <input type="checkbox"/> Unified Doubles <input type="checkbox"/> Unified Team			<input type="checkbox"/> Male <input type="checkbox"/> Female	
	<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner	<input type="checkbox"/>	<input type="checkbox"/> Singles <input type="checkbox"/> Doubles <input type="checkbox"/> Team <input type="checkbox"/> Unified Doubles <input type="checkbox"/> Unified Team			<input type="checkbox"/> Male <input type="checkbox"/> Female	

* Captain only applies to teams and unified teams

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