

SOCCER TEAM FINAL ROSTER FORM

Due **IN HOUSE** to the State Office by Monday, September 14, 2020.

Copy form as needed.

Special Olympics Indiana; 6200 Technology Center Drive, Suite 105; Indianapolis, IN 46278,

Email: entries@soindiana.org



**Special
Olympics
Indiana**



GENERAL INFORMATION

PROGRAM NAME: _____ AREA: _____

COUNTY COORDINATOR: _____ CELL PHONE: (____) _____

TEAM INFORMATION

HEAD COACH: _____

EMAIL: _____

CELL PHONE: (____) _____

TEAM NAME: _____

TEAM CLASSIFICATION

Category:	Type:	Gender:
<input type="checkbox"/> TRADITIONAL	<input type="checkbox"/> JUNIOR	<input type="checkbox"/> FEMALE
<input type="checkbox"/> UNIFIED	<input type="checkbox"/> SENIOR	<input type="checkbox"/> MALE
	<input type="checkbox"/> MASTER	

FINAL ROSTER

NAME OF ATHLETE (First Name, Last Name)	DATE OF BIRTH (MM/DD/YY)	TYPE
1.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
2.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
3.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
4.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
5.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
6.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
7.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
8.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
9.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
10.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
11.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
12.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner

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