

2016 Official State Team Basketball Tournament Roster

County/Organization _____

Local Coordinator Name _____ Team Name _____

Local Coordinator Address _____

City _____ State _____ Zip _____

Local Coordinator Work Phone _____ Local Coordinator e-mail _____

Head Coaches Name _____

Head Coaches cell phone or emergency contact number _____

Please List Ass't Coach Names _____

Circle One: Men's School Age Women's

Circle One: Traditional(all S.O. athletes) Unified

This form and \$100 team registration fee must be in the Special Olympics Ohio state office by noon on January 7, 2016. You must submit a roster minimum of eight (8) players

	Players Name	Sex M/F	Age as of 8/01/2015	Is this a new player? Yes or No	Medical Expiration Date
*1.					
*2.					
*3.					
*4.					
*5.					
*6.					
*7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

*These are the highest contributing seven(7) players on the team. Starting players plus two contributing subs.
 ** For unified teams, indicate which players are partners by noting a (P) after their name.
 *** I and/or my basketball coaches have met with our families to make them aware of the Special Olympics Ohio Spectator guidelines and we understand that our Local Program is responsible for their behavior.

Local Coordinator's Signature Date