2017 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 11, 2017. You must submit a roster minimum of eight (8) players

	Players Name	Sex M/F	Age as of 8/01/2016	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