

## **Team Cover Sheet Form**

The Team Cover Sheet must be attached to each team's entry rosters. Please complete this form online then print. Or use a pen and printing legibly.

Team Name		City		Region
Head Coach				
Address				
				Zip
Phone Numb	pers (include area cod	le)		·
Home		, Work		
Fax #		Email _		
	t the appropriate num	bers on each line relat s in your numbers. Fric	0 ,	n's needs. Be sure to include provided.
Meal Count	s:			
Breakfast is	not included at Sumn	ner Sports Classic or B	asketball	
Saturday	# Breakfast ———	# Lunch	# Dinner	
Sunday	# Breakfast ———	# Lunch		
Non-Wheeld	chair Housing:			
Friday	# Males-	— # Females ——		
Saturday	# Males	— # Females ——		
Wheelchair	Housing:			
Friday	# Males	— # Females ——		
Saturday	# Males	— # Females ——		
# Athletes	Chaperones ————————————————————————————————————			
Total:				



## Coaches, Chaperones, and Athletes:

All coaches and chaperones must have a volunteer packet and a WSP clearance within the last two years on file at Special Olmpics Washington. All coaches and chaperones must be at least 18 years of age for overnight events.

Register All Coaches (HC) Last Name, First Name		Special Notes	WSP Cleared
HC1.			□Y □N
HC2.			□Y □N

Register All Chaperones (C) Last Name, First Name	Gender	Special Notes	WSP Cleared
C1.			□Y □N
C2.			□Y □N
C3.			□Y □N
C4.			□Y □N
C5.			□Y □N

Register All Athletes (A) Last Name, First Name	Gender	Special Notes
A1.		
A2.		
A3.		
A4.		
A5.		
A6.		
A7.		
A8.		
A9.		
A10.		
A11.		
A12.		
A13.		
A14.		
A15.		
A16.		
A17.		
A18.		