

## Special Olympics Iowa State Volleyball Tournament Team Roster

Delegation Name (local program) \_\_\_\_\_ Area (North, East, etc.) \_\_\_\_\_

Volleyball Head Coach \_\_\_\_\_ E-mail Address \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ and / or Other Phone Number \_\_\_\_\_

Team Name \_\_\_\_\_ Total # of Volleyball Athletes \_\_\_\_\_ Total # of Coaches/Chaperones/1:1 Staff \_\_\_\_\_

Please check which division level best describes the **overall ability** of your team

Division I    
  Division II    
  Division III    
  Division IV    
  Developmental    
  Unified

Athlete's Name	Gender	D.O.B	v If Unified Partner	Total Volleyball Assessment Score	Overall Rating (assessment score divided by 7)
				<b>Overall Team Average</b>	

1. Maximum roster size for competition is 12. Six players and six substitutes
2. Overall Team Average = add overall rating for each individual player and divide by the total number of athletes listed
3. Please do not submit the Volleyball Assessment for Individuals Forms for each of your athletes
4. **NO ALTERNATES** (maximize the roster)
5. D.O.B. – Date of Birth (MM/DD/YY)

\*Please send all registration materials to [registrations@soiowa.org](mailto:registrations@soiowa.org) or to Special Olympics Iowa, 551 SE Dovetail Road, Grimes, IA 50111.