

Special Olympics Iowa State Flag Football Tournament Team Roster

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

Flag Football Head Coach _____ Team Name _____

E-mail Address _____ Cell Phone Number _____ and / or Other Phone Number _____

Total # of Flag Football Athletes _____ Total # of Coaches/Chaperones/1:1 Staff _____

Based on the assessment for individuals what level most accurately describes the **overall ability** of your team? _____ Level 1 _____ Level 2 _____ Level 3

Athlete's Name	Gender	D.O.B	Ability Level (High, Average, Low)	Total Flag Football Assessment Score	Overall Rating (assessment Score divided by 5)
				Overall Team Average	

Notes:

1. Maximum roster size for competition is 12
2. Please indicate whether the individual athlete, based on the levels listed above is a high, average, or low ability level player
3. Overall Team Average = add overall rating for each individual player and divide by the total number of athletes listed
4. Please do not submit the Flag Football Assessment for Individuals Forms for each of your athletes
5. **NO ALTERNATES** (maximize the roster)
6. D.O.B. – Date of Birth (MM/DD/YY)

*Please send all registration materials to registrations@soiowa.org or to Special Olympics Iowa, 551 SE Dovetail Road, Grimes, IA 50111.