**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

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| --- | --- | --- | --- | --- | --- |
| **Athlete’s Name** | **Gender** | **D.O.B** | **√ If****Unified Partner** | **Total Volleyball Assessment Score** | **Overall Rating****(assessment score divided by 7)** |
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|  |  |  |  | **Overall Team Average** |  |

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** **or to Special Olympics Iowa, 551 SE Dovetail Road, Grimes, IA 50111.**