

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)
				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.