

## Special Olympics Iowa Volleyball 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	Date of Birth (MM/DD/YY)	v If Unified Partner	Total Volleyball Assessment Score	Overall Rating (assessment score divided by 7)
				<b>Overall Team Average (total divided by the number of players)</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)
- \*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.**