2024 STATE & AREA BASKETBALL
TEAM REGISTRATION & ROSTER (ONE PER BASKETBALL TEAM)

☐ Attending Area Only
☐ Attending Area & State

Area Tournament Attending: NE ☐ SE ☐ BH ☐

Name of Delegation: _____

Head of Delegation (Level 2 Certified): _____

Team Name or Number: _____
(Limit of 10 characters)

Unified Team Junior Class II: _____ Schooler Class II: _____ Senior Class I: _____
Senior Class II: _____

Player Development Team: _____ Competitive Team: _____ Recreational Team: _____

Traditional Team Junior Class II: _____ Schooler Class I: _____ Schooler Class II: _____
Senior Class I: _____ Senior Class II: _____

Unified Teams - Please place an asterisk (*) by the Non Special Olympics Athletes names (Partners).

	ATHLETE NAME:	UNIFORM #'S	M/F:	AGE:
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				

Level 2 Certified Head Coach*: _____
*If coaching unified sports, you must have your ***Coaching Unified Sports*** certification

Coaches 1. _____ 2. _____