

2024 STATE & AREA SOFTBALL TOURNAMENT DELEGATION SUMMARY FORM

Check the Area Tournament in which you will be participating

<input type="checkbox"/> Southeast Area Send all forms to: SOSD 800 E. I-90 Lane Sioux Falls, SD 57104	<input type="checkbox"/> Northeast Area Send all forms to: SOSD 800 E. I-90 Lane Sioux Falls, SD 57104	<input type="checkbox"/> Black Hills Area Send all forms to Area Director: Cathy Grubb 821 Stanley St. Belle Fourche, SD 57717
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Name of Delegation: _____

Head of Delegation: _____

Address: _____

Home Phone: _____ **Work Phone:** _____

E-Mail: _____

Cell Phone During Tournaments: _____

AREA	STATE
# of Trad Softball Teams: _____ # of Traditional Softball Players: _____ # of Unified Softball Teams: _____ # of Unified Softball Players: _____ # of Softball Skills Athletes: _____ Total Number of Athletes And Unified Partners: _____	# of Trad Softball Teams: _____ # of Traditional Softball Players: _____ # of Unified Softball Teams: _____ # of Unified Softball Players: _____ # of Softball Skill Athletes: _____ Total Number of Athletes And Unified Partners: _____
Total Number of Coaches/Chaperones: _____ DELEGATION TOTAL: <input style="width: 50px;" type="text"/>	Total Number of Coaches/Chaperones: _____ DELEGATION TOTAL: <input style="width: 50px;" type="text"/> Total # in delegation eating lunch Saturday: _____ Total # in delegation eating at banquet Saturday: _____ Total # in delegation eating lunch Sunday: _____