

## 2024 STATE & AREA BOCCE 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 Doubles Teams: _____	# of Trad Doubles Teams: _____
# of Traditional Bocce Players: _____	# of Traditional Bocce Players: _____
# of Unified Doubles Teams: _____	# of Unified Doubles Teams: _____
# of SO Athletes on Unified Bocce Teams: _____	# of SO Athletes on Unified Bocce Teams: _____
# of UP on Unified Bocce Teams: _____	# of UP on Unified Bocce Teams: _____
Total Number of Athletes: _____	Total Number of Athletes: _____
Total Number of Coaches/Chaperones: _____	Total Number of Coaches/Chaperones: _____
<b>DELEGATION TOTAL:</b> _____	<b>DELEGATION TOTAL:</b> _____
	Total # in delegation eating lunch: _____