

2025 STATE & AREA BASKETBALL TEAM REGISTRATION & ROSTER (ONE PER BASKETBALL TEAM)

Attending Area Only Area Tournament Attending: NE SE BH
 Attending Area & State

Name of Delegation: _____

Head of Delegation (Level 2 Certified): _____

Team Name or Number: _____

Team: Traditional Unified 3x3 Traditional 3x3 Unified

Age Division: Junior (8-15) Schooler (16-21) Senior (22+) Division is based on the oldest person on the team

Competitive Level: Lowest Division Middle Division Highest Division

It is imperative you spell names correctly and whenever known, use the athlete's legal name.

If at all possible, please type. If not, write legibly.

ATHLETE NAME:

UNIFORM #'S

M/F:

AGE:

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

1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____
11.	_____	_____	_____	_____
12.	_____	_____	_____	_____
13.	_____	_____	_____	_____
14.	_____	_____	_____	_____
15.	_____	_____	_____	_____

Level 1 Certified Assistant Coach: _____ 2. _____

Level 2 Certified Head Coach*: _____

*If coaching unified sports, you must have your **Coaching Unified Sports** certification