

2026 STATE BOCCE TOURNAMENT ATHLETE EVENT REGISTRATION

Name of Delegation: _____

Team ID: Assign a 2-digit number for each Team beginning with 01. A = Athlete UP = Unified Partner

WC = Check if Athlete or Unified Partner uses a Wheelchair

TEAM ID: _____	Traditional <input type="checkbox"/>	Unified <input type="checkbox"/>	MATP <input type="checkbox"/>	Area Only <input type="checkbox"/>	Area & State <input type="checkbox"/>		
			M/F:	AGE:	BOSAT:	BOSAT Total Score	WC:
1. A _____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>
2. A / UP _____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>

TEAM ID: _____	Traditional <input type="checkbox"/>	Unified <input type="checkbox"/>	MATP <input type="checkbox"/>	Area Only <input type="checkbox"/>	Area & State <input type="checkbox"/>		
			M/F:	AGE:	BOSAT:	BOSAT Total Score	WC:
1. A _____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>
2. A / UP _____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>

TEAM ID: _____	Traditional <input type="checkbox"/>	Unified <input type="checkbox"/>	MATP <input type="checkbox"/>	Area Only <input type="checkbox"/>	Area & State <input type="checkbox"/>		
			M/F:	AGE:	BOSAT:	BOSAT Total Score	WC:
1. A _____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>
2. A / UP _____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>

TEAM ID: _____	Traditional <input type="checkbox"/>	Unified <input type="checkbox"/>	MATP <input type="checkbox"/>	Area Only <input type="checkbox"/>	Area & State <input type="checkbox"/>		
			M/F:	AGE:	BOSAT:	BOSAT Total Score	WC:
1. A _____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>
2. A / UP _____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>

TEAM ID: _____	Traditional <input type="checkbox"/>	Unified <input type="checkbox"/>	MATP <input type="checkbox"/>	Area Only <input type="checkbox"/>	Area & State <input type="checkbox"/>		
			M/F:	AGE:	BOSAT:	BOSAT Total Score	WC:
1. A _____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>
2. A / UP _____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>

TEAM ID: _____	Traditional <input type="checkbox"/>	Unified <input type="checkbox"/>	MATP <input type="checkbox"/>	Area Only <input type="checkbox"/>	Area & State <input type="checkbox"/>		
			M/F:	AGE:	BOSAT:	BOSAT Total Score	WC:
1. A _____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>
2. A / UP _____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>