



FORM E-AR AQUATICS RELAY TEAM ENTRY FORM



SUMMER GAMES ONLY

Area: _____ LTP Name: _____

Coach Name: _____ Day Phone: (_____) _____ - _____

Email: _____

TEAM NAME: _____

Office Use only: Jr. Sr. Masters

ATHLETE NAMES

1. _____
2. _____
3. _____
4. _____

EVENT - Please check () event

- 4x25M Freestyle
- 4x50M Freestyle
- 4x25M Medley
- 4x50M Medley

TEAM SCORE

MIN	SEC	THS

TEAM NAME: _____

Office Use only: Jr. Sr. Masters

ATHLETE NAMES

1. _____
2. _____
3. _____
4. _____

EVENT - Please check () event

- 4x25M Freestyle
- 4x50M Freestyle
- 4x25M Medley
- 4x50M Medley

TEAM SCORE

MIN	SEC	THS

TEAM NAME: _____

Office Use only: Jr. Sr. Masters

ATHLETE NAMES

1. _____
2. _____
3. _____
4. _____

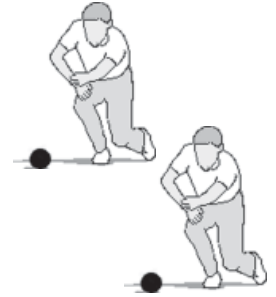
EVENT - Please check () event

- 4x25M Freestyle
- 4x50M Freestyle
- 4x25M Medley
- 4x50M Medley

TEAM SCORE

MIN	SEC	THS

FORM E - BD



BOCCE DOUBLES ENTRY FORM

Area: _____ LTP Name: _____

Coach Name: _____ Day Phone: (_____) _____ - _____

Email: _____

TEAM NAME: _____
(Please Print)

ATHLETE NAME

Skills Score cm

DIVISION - Please check (◻) one

Female

Male

Mixed

1. _____

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2. _____

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TEAM TOTAL:

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OTHER

Athlete uses a Wheelchair

TEAM NAME: _____
(Please Print)

ATHLETE NAME

Skills Score cm

DIVISION - Please check (◻) one

Female

Male

Mixed

1. _____

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2. _____

--	--	--	--

TEAM TOTAL:

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OTHER

Athlete uses a Wheelchair

TEAM NAME: _____
(Please Print)

ATHLETE NAME

Skills Score cm

DIVISION - Please check (◻) one

Female

Male

Mixed

1. _____

--	--	--	--

2. _____

--	--	--	--

TEAM TOTAL:

--	--	--	--

OTHER

Athlete uses a Wheelchair

FORM E - BU

BOCCE UNIFIED TEAM ENTRY FORM SUMMER GAMES ONLY



Area: _____ LTP Name: _____

Coach Name: _____ Day Phone: (_____) _____ - _____

Email: _____

TEAM NAME: _____

Please Print:

T = Traditional Athletes

U = Unified Partner

NAME

Skills Scores cm

DIVISION - Please check () one

Female

Male

Mixed

1. _____

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2. _____

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3. _____

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4. _____

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TEAM TOTAL:

--	--	--	--	--

OTHER

Athlete uses a Wheelchair

TEAM NAME: _____

Please Print:

T = Traditional Athlete

U = Unified Partner

NAME

Skills Scores cm

DIVISION - Please check () one

Female

Male

Mixed

1. _____

--	--	--	--	--

2. _____

--	--	--	--	--

3. _____

--	--	--	--	--

4. _____

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TEAM TOTAL:

--	--	--	--	--

OTHER

Athlete uses a Wheelchair

TEAM NAME: _____

Please Print:

T = Traditional Athlete

U = Unified Partner

NAME

Skills Scores cm

DIVISION - Please check () one

Female

Male

Mixed

1. _____

--	--	--	--	--

2. _____

--	--	--	--	--

3. _____

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4. _____

--	--	--	--	--

TEAM TOTAL:

OTHER

Athlete uses a Wheelchair



FORM E - TD

TENNIS DOUBLES TEAM ENTRY FORM



SUMMER GAMES ONLY

Area: _____ LTP Name: _____

Coach Name: _____ Day Phone: (_____) _____ - _____

Email: _____

TEAM NAME: _____

EVENT: Traditional Unified
check (◄)

Type **T = Traditional**
T / U **U = Unified Partner**

ATHLETE NAMES

1. _____

2. _____

TEAM NAME: _____

EVENT: Traditional Unified
check (◄)

Type **T = Traditional**
T / U **U = Unified Partner**

ATHLETE NAMES

1. _____

2. _____

TEAM NAME: _____

EVENT: Traditional Unified
check (◄)

Type **T = Traditional**
T / U **U = Unified Partner**

ATHLETE NAMES

1. _____

2. _____

TEAM NAME: _____

EVENT: Traditional Unified
check (◄)

Type **T = Traditional**
T / U **U = Unified Partner**

ATHLETE NAMES

1. _____

2. _____