



Special Olympics
New Jersey

Special Olympics New Jersey
2010 Summer Games
Coach/Chaperone Roster Form



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New Jersey

(Please Type or Print Neatly)

LTP Program: _____ Area: _____

Team Name: _____

Head Coach or Coordinator: _____

SONJ provides meals and housing for Chaperones on an athlete to coach/chaperone ratio of 4:1

****PLEASE PROVIDE EACH COACH'S FULL LEGAL NAME BEGINNING WITH THE FIRST NAME AND THEN LAST****

Sport	Status	COACHES (Circle M for Male, F for Female)	STATUS
	<input type="checkbox"/> Coach <input type="checkbox"/> Chaperone <input type="checkbox"/> Day	M F	<input type="checkbox"/> Registered <input type="checkbox"/> Alternate
	<input type="checkbox"/> Coach <input type="checkbox"/> Chaperone <input type="checkbox"/> Day	M F	<input type="checkbox"/> Registered <input type="checkbox"/> Alternate
	<input type="checkbox"/> Coach <input type="checkbox"/> Chaperone <input type="checkbox"/> Day	M F	<input type="checkbox"/> Registered <input type="checkbox"/> Alternate
	<input type="checkbox"/> Coach <input type="checkbox"/> Chaperone <input type="checkbox"/> Day	M F	<input type="checkbox"/> Registered <input type="checkbox"/> Alternate
	<input type="checkbox"/> Coach <input type="checkbox"/> Chaperone <input type="checkbox"/> Day	M F	<input type="checkbox"/> Registered <input type="checkbox"/> Alternate
	<input type="checkbox"/> Coach <input type="checkbox"/> Chaperone <input type="checkbox"/> Day	M F	<input type="checkbox"/> Registered <input type="checkbox"/> Alternate
	<input type="checkbox"/> Coach <input type="checkbox"/> Chaperone <input type="checkbox"/> Day	M F	<input type="checkbox"/> Registered <input type="checkbox"/> Alternate
	<input type="checkbox"/> Coach <input type="checkbox"/> Chaperone <input type="checkbox"/> Day	M F	<input type="checkbox"/> Registered <input type="checkbox"/> Alternate
	<input type="checkbox"/> Coach <input type="checkbox"/> Chaperone <input type="checkbox"/> Day	M F	<input type="checkbox"/> Registered <input type="checkbox"/> Alternate
	<input type="checkbox"/> Coach <input type="checkbox"/> Chaperone <input type="checkbox"/> Day	M F	<input type="checkbox"/> Registered <input type="checkbox"/> Alternate