

Bocce Team Registration Form

This form is to be submitted to Casie Rhodes at casie@specialolympicsri.org or fax to (401) 349-4936. **Instructions:** Check the appropriate event box for each team. List the team members for each team.

Program Name: _____

Program Contact: _____

Day Phone: _____ Email: _____

Doubles
Ramp Double

Doubles
Ramp Double

Bocce Team Name or #: _____

List the names of Bocce team members

1. A: _____

2. P: _____

Age Division:

16 – 21 22- 29
 30 – 35 35 & over

Bocce Team Name or #: _____

List the names of Bocce team members

1. A: _____

2. P: _____

Age Division:

16 – 21 22- 29
 30 – 35 35 & over

Ability Level:

High Medium Low

Ability Level:

High Medium Low

Doubles
Ramp Double

Doubles
Ramp Double

Bocce Team Name or #: _____

List the names of Bocce team members

1. A: _____

2. P: _____

Age Division:

16 – 21 22- 29
 30 – 35 35 & over

Bocce Team Name or #: _____

List the names of Bocce team members

1. A: _____

2. P: _____

Age Division:

16 – 21 22- 29
 30 – 35 35 & over

Ability Level:

High Medium Low

Age Level:

High Medium Low

Please make copies of this form as necessary