***Unified Sports Team Roster***



**Team Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Head Coach:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please check sport:***

**Basketball\_\_\_\_\_\_\_\_ Flag Football\_\_\_\_\_\_\_\_ Soccer\_\_\_\_\_\_\_\_ Softball\_\_\_\_\_\_\_\_ Volleyball\_\_\_\_\_\_\_\_**

***(5A / 5P) (6A /6 P) (5A / 5P) (10A / 10P) (6A /6P)***

***(Players must attend 75% of games to qualify for tournament.)***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Athlete Name**  | **Uniform #** | **Age** | **Partner Name** | **Uniform #** | **Age** |
| 1. |  |  | 1. |  |  |
| 2. |  |  | 2. |  |  |
| 3. |  |  | 3. |  |  |
| 4. |  |  | 4. |  |  |
| 5. |  |  | 5. |  |  |
| 6. |  |  | 6. |  |  |
| 7. |  |  | 7. |  |  |
| 8. |  |  | 8. |  |  |
| 9. |  |  | 9. |  |  |
| 10. |  |  | 10. |  |  |

 **Please submit to Casie Rhodes** **Casie@specialolympicsri.org** **or fax (401)-349-4936**