

## Special Olympics Iowa State Volleyball Tournament Team Roster

Delegation Name (local program) \_\_\_\_\_ Area (North, East, etc.) \_\_\_\_\_

Volleyball Head Coach \_\_\_\_\_ E-mail Address \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ and / or Other Phone Number \_\_\_\_\_

Team Name \_\_\_\_\_ Total # of Volleyball Athletes \_\_\_\_\_ Total # of Coaches/Chaperones/1:1 Staff \_\_\_\_\_

Please check which division level best describes the **overall ability** of your team

☐ Division I ☐ Division II ☐ Division III ☐ Division IV ☐ Developmental

Athlete's Name	Gender	D.O.B	✓ If Unified Partner	Total Volleyball Assessment Score	Overall Rating (assessment score divided by 7)
Overall Team Average					

- Maximum roster size for competition is 12. Six players and six substitutes
- Overall Team Average = add overall rating for each individual player and divide by the total number of athletes listed
- Please do not submit the Volleyball Assessment for Individuals Forms for each of your athletes
- NO ALTERNATES** (maximize the roster)
- D.O.B. – Date of Birth (MM/DD/YY)

\*Please send all registration materials to [registrations@soiowa.org](mailto:registrations@soiowa.org) or to Special Olympics Iowa, 551 SE Dovetail Road, Grimes, IA 50111.