

Athlete Entry Form - SAMPLE



Page 1 of 2 (Please use one Athlete Entry Form per sport and per team within a sport.)

| DELEGATION INFORMATION | | | | | | | | | | | | | | | | |
|------------------------|--------------------------|--|--|--|------------------|--------------------------|--|--|--|------------------|-----------------------|----------|----------|--------------|----------|----------|
| Delegation Name | Mayberry Mustangs | | | | Team Name | Mayberry Mustangs | | | | Delegation Code | A | A | A | - | 0 | 3 |
| Head Coach Name | Freda Murphy | | | | Head Coach Email | fmurphy@isp.com | | | | Head Coach Fax (| 555) 512-4444 | | | | | |
| Address | 1234 Main St. | | | | City | Mayberry | | | | State | TX | | Zip | 78700 | | |
| Home Phone (| 555) 512-1234 | | | | Work Phone (| 555) 512-9876 | | | | Cell Phone (| 555) 512-3456 | | | | | |

| ADVANCEMENT TO AREA COMPETITION REQUIRES 1 LOCAL COMPETITION OR 2 SCRIMMAGES | | | | | | | | | | | | | | |
|--|---------------------------------|------|------------------|--|--|------------|--------------------------|--|--|--|----------|-----------------------------|--|--|
| <input checked="" type="radio"/> Competition | <input type="radio"/> Scrimmage | Date | 3/15/2015 | | | Event Name | Mayberry HS Local | | | | Location | Mayberry High School | | |
| <input type="radio"/> Competition | <input type="radio"/> Scrimmage | Date | | | | Event Name | | | | | Location | | | |

| SPORT INFORMATION (Please use one Athlete Entry Form per sport and per team within a sport.) | | | | | | | | | | | | | |
|--|-----------|--|---|-----------|--|--------------|----------|--|-------------|----------|--|------------|----------|
| Sport (2 Letter Code) | AT | | Total # of Athletes (including Unified® partners) | 12 | | # of Doubles | 0 | | # of Relays | 2 | | # of Teams | 1 |

| TEAM INFORMATION | | | | | | | | | | | | |
|---|--|--------------------|------------|-------------------------------|-----------------|----------|-------------|----------------|--------------------|------------------------|-------------------------|------------------|
| <ul style="list-style-type: none"> Each sport must have one certified coach, and each team must have its own coach (with the exception of bocce teams, bowling teams and relay teams). If an athlete is participating in multiple events, list the athlete's name once and all the events they are competing in together (including relays). Place an "X" in the first column to indicate Unified® partners | | | | | | | | | | | | |
| Unified® partner | Athlete Last Name (Please list alphabetically.) | Athlete First Name | Sex M/F | Date of Birth (mm/dd/yyyy) | Event Code | Team ID | Event Level | Relay Position | Time (MM:SS.ss) | Distance or Height (m) | Distance or Height (cm) | Points or Pounds |
| | Johnson | Linda | F | 01/01/1998 | AT10AW | | | | 00.25.20 | | | |
| | | | | | ATBLTD | | | | | 1 | 13 | |
| | Jones | Jeremy | M | 01/01/1996 | AT050M | | | | 00.15.00 | | | |
| | | | | | ATLNJP | | | | | 3 | 35 | |
| | | | | | AT4X100U | A | | 1 | 1.15.00 | | | |
| | Kline | Annie | F | 01/01/1995 | AT200M | | | | 00.40.00 | | | |
| | | | | | AT4X100U | A | | 2 | 1.15.00 | | | |
| | Long | Patrick | M | 01/01/1997 | ATSHPT | | | | | 5 | 00 | |
| | | | | | AT4X400U | B | | 1 | 5.00.00 | | | |
| | Long | William | M | 01/01/1997 | AT400M | | | | 1.30.00 | | | |
| | | | | | AT4X400U | B | | 2 | 5.00.00 | | | |

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| # of Athletes on this page | 5 |
|----------------------------|----------|

