2017 State Basketball Roster/ Registration Form

Special Olympics Montana

Contact:	
Email:	

Delegation Name:		Contact Cell Phone:	
Tournament Hotel:		Note: Refer to Basketball Informational Pack for instructions on how to evaluate and score individuals/teams.	
Dineout? (Yes/No)		Request lunch Friday? (Yes/No)	
		Request lunch Saturday? (Yes/No)	

Gray Section- Due to SOMT Sports Department: September 25th			Blue Section, along with filled out Gray section. Due to SOMT Sports Deparment: October 16th			
FIRST NAME	**LAST NAME**	**ROLE -** *(Athlete, Unified Partner, Area Director, Coach, Volunteer, Local Program Coordinator)*	**Uniform #**	**5v5 Team Name/s, 3v3 Team Name/s, or Individual Skills**	**Individual Assessment Score - Team or Individual skills**	**TEAM Rating**

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