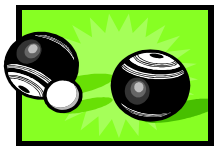
MPS Adaptive Athletics

Bocce Ball Tournament Entry Form



Please completes **ALL** information on this entry form. **PLEASE PRINT LEGIBLY**. Incomplete entry forms will be returned.
Return via school delivery to Recreation/O.A.S.I.S., Annie McGinnity or fax to **(414) 647-6079** on or before **FRIDAY, MARCH 2, 2012**.

School:

Coach/Contact Person:

Level (circle one): Elementary K-8 Middle High

Event Codes: **I** (Individual) **P** (Precision) **T** (Team)

Athlete's Name (last, first) in alphabetical order	**Social Functioning Level** (L, M, H)	**Wheelchair User?** (please check if applicable)	**Daily Nursing Services?** (please check if applicable)	**Event Code** (I, P, T see above)	**Average Score** (if no score, indicate L, M, H)	**Bocce Chute** (please check if athlete uses bocce chute)	**Team Number**

AM:ljm 113011 6d