Special Olympics Missouri

LOW MOTOR ACTIVITIES-SOFTBALL ENTRY FORM ROSTER

Agency Name: _____ Code:_____ Area:_____

Mailing Address:_____City: _____ Zip:_____

Head Coach Name: _____ Cell Phone:_____

Assistant Coach Name: _____ Cell Phone:_____

Note: Athletes may participate in either Base Race or Bat for Distance or both.

Player's Name	Birth Date	Sex	Down's Syndrome (Y or N)	Base Race	Bat for Distance