



Special Olympics
Missouri

Volleyball Team Entry Form

Team Name: _____

Agency Name: _____ Code: _____ Area: _____

Mailing Address: _____ City: _____ Zip: _____

Head Coach Name: _____ Cell Phone: _____

Assistant Coach Name: _____ Cell Phone: _____

Please designate with a check mark (✓)

Event Competing in: CHECK ONE

Regulation Volleyball _____
(Maximum 12 players. Division based on VSAT)

Unified Sports® Volleyball _____
(Maximum 12 players. Division based on VSAT)

Unified-Modified Volleyball _____
(Maximum 12 players. Division based on VSAT)

Team Skills Volleyball _____
(Maximum 8 players. Division based on 6 complete rounds Max 72 points)

Age Group: CHECK ONE

Juniors (8 – 15) _____

Seniors (16 – 21) _____

Masters (22 - 39) _____

Senior-Master (40+) _____

Sex: CHECK ONE

Male _____

Female _____

CHECK ONE:

State _____

ROSTER

| Player's Name | Birth Date | Sex | Down's Syndrome (Y or N) | Serve | Forearm Pass | Spike | Bump set | TOTAL Points |
|--|------------|-----|--------------------------|-------|--------------|-------|--|--------------|
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |
| 7 | | | | | | | | |
| 8 | | | | | | | | |
| 9 | | | | | | | | |
| 10 | | | | | | | | |
| 11 | | | | | | | | |
| 12 | | | | | | | | |
| All co-ed teams will be placed in the appropriate male division | | | | | | | TOTAL _____ Average _____ (Top 8 Players) | |