

Softball Registration (please fill out by team)

Delegation: _____ **Area:** _____

Team Attending Area? _____ Team Attending Regional? _____ Team Attending State? _____

Team Name: _____ **Team Type:** _____

1. Competition Record for Previous Three Games: Please list three games played in this competition season against another team - please submit any games played prior to area competition (we will receive area results from Area Coordinator).

Opponent*	Date	Score	Winner of Game Our team/Opponent	Our Team Stronger/Equal/Weaker than opponent

2. If you brought this team to state last year, is your team:

Stronger Equal Weaker New Team

3. If this team came to last year's competition, what was their name last year (i.e. Wild Angels **Silver**)?

4. Are you missing any key players? If so, please explain:

5. Any Additional Team Information about your team's ability level (including information about Unified Partners)

6. If your delegation is bringing more than one team to the state softball, please rank your teams in order of their strength and indicate which division (1 - 5, 1 being strongest division) you feel they should play:

Softball Team Name: _____ Division: _____

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7. If this team competed in last years Special Olympics Minnesota Fall Games Softball Tournament, do you feel they were divisioned appropriately?

(Please underline or bold) Yes No If No, should they have been higher or lower?
(Please underline or bold) Higher Lower

Information Submitted by:

Head Coach

Date