



AREA SPRING GAMES / AQUATICS SECTIONAL DELEGATION FORM

This form is due with your Area / Sectional entry forms by the published date.
Copy form as needed. ONLY ONE EVENT PER FORM.



FORM

Program Information for:

Area Spring Games

Aquatics Sectional

County Program: _____ Area: _____

County Coordinator: _____

Address: _____

City: _____ Zip Code: _____ Daytime Phone: _____

Fax: _____ Email: _____

Coach/Chaperone List:

Please list every coach/chaperone from your County Program who will attend the Area Spring Games / Aquatics Sectional (attach additional pages as needed).

Last Name	First Name	Gender Male/Female	Completed VOLUNTEER APPLICATION	CVO Trained	Completed ONLINE PROTECTIVE BEHAVIORS
1.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Delegation Information:

Number of athletes entered for Spring Games / Aquatics Sectional _____ x \$ _____ (fee) = \$ _____

Number of Unified Sports® partners entered for Spring Games _____ x \$ _____ (fee) = \$ _____

TOTAL AMOUNT DUE \$ _____

Area Spring Games / Aquatics Sectional packets should include:

- Delegation and Coach Entry Form
- Individual Entry Forms
- Team & Relay Entry Forms

AREA DIRECTORS - Submit the *Event Transfer Fee Form* in order to transfer entry fees into the Area account.

For County Coordinator Use Only

By signing the line below, the County Coordinator verifies that entry numbers are correct and the amount listed is to be transferred.

X _____
County Coordinator Signature



AREA SPRING GAMES TEAM & RELAY ENTRY FORM

This form is due with your Area entry forms by the published date.
Copy form as needed.



- Instructions: 1. Print the name of the event.
2. Print the score (if required) for the team.
3. Print names of team members, including alternates if you have them. Circle A = Athlete P = Unified Partner

County Program _____

Team #	Event Name: _____					
01	Score: _____					
1.		A	P			
2.		A	P			
3.		A	P			
4.		A	P			
Alt		A	P			
Alt		A	P			

Team #	Event Name: _____					
02	Score: _____					
1.		A	P			
2.		A	P			
3.		A	P			
4.		A	P			
Alt		A	P			
Alt		A	P			

Team #	Event Name: _____					
03	Score: _____					
1.		A	P			
2.		A	P			
3.		A	P			
4.		A	P			
Alt		A	P			
Alt		A	P			

Team #	Event Name: _____					
04	Score: _____					
1.		A	P			
2.		A	P			
3.		A	P			
4.		A	P			
Alt		A	P			
Alt		A	P			

Team #	Event Name: _____					
05	Score: _____					
1.		A	P			
2.		A	P			
3.		A	P			
4.		A	P			
Alt		A	P			
Alt		A	P			

Team #	Event Name: _____					
06	Score: _____					
1.		A	P			
2.		A	P			
3.		A	P			
4.		A	P			
Alt		A	P			
Alt		A	P			

Team #	Event Name: _____					
07	Score: _____					
1.		A	P			
2.		A	P			
3.		A	P			
4.		A	P			
Alt		A	P			
Alt		A	P			

Team #	Event Name: _____					
08	Score: _____					
1.		A	P			
2.		A	P			
3.		A	P			
4.		A	P			
Alt		A	P			
Alt		A	P			



AREA SPRING GAMES TEAM & RELAY ENTRY FORM

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Copy form as needed.



- Instructions: 1. Print the name of the event.
2. Print the score (if required) for the team.
3. Print names of team members, including alternates if you have them. Circle A = Athlete P = Unified Partner

County Program _____

Team # 09	Event Name: _____
	Score: _____
1.	_____ A P
2.	_____ A P
3.	_____ A P
4.	_____ A P
Alt	_____ A P
Alt	_____ A P

Team # 10	Event Name: _____
	Score: _____
1.	_____ A P
2.	_____ A P
3.	_____ A P
4.	_____ A P
Alt	_____ A P
Alt	_____ A P

Team # 11	Event Name: _____
	Score: _____
1.	_____ A P
2.	_____ A P
3.	_____ A P
4.	_____ A P
Alt	_____ A P
Alt	_____ A P

Team # 12	Event Name: _____
	Score: _____
1.	_____ A P
2.	_____ A P
3.	_____ A P
4.	_____ A P
Alt	_____ A P
Alt	_____ A P

Team # 13	Event Name: _____
	Score: _____
1.	_____ A P
2.	_____ A P
3.	_____ A P
4.	_____ A P
Alt	_____ A P
Alt	_____ A P

Team # 14	Event Name: _____
	Score: _____
1.	_____ A P
2.	_____ A P
3.	_____ A P
4.	_____ A P
Alt	_____ A P
Alt	_____ A P

Team # 15	Event Name: _____
	Score: _____
1.	_____ A P
2.	_____ A P
3.	_____ A P
4.	_____ A P
Alt	_____ A P
Alt	_____ A P

Team # 16	Event Name: _____
	Score: _____
1.	_____ A P
2.	_____ A P
3.	_____ A P
4.	_____ A P
Alt	_____ A P
Alt	_____ A P