



**STATE
REGISTRATION
Bocce**

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Summer Games

Head of Delegation:

Delegation ID:

Date:

Head Coach Name:

Email:

Address:

City:

State:

Zip Code:

Day Phone:

Evening Phone:

Please group unified doubles team members together as a team.

Assistant Coaches:

Name:

Name:

Entry Type	Last Name	First Name	Sex	DOB	Needs	Event	points	Shirt Size

Comments:



**Special
Olympics**
South Carolina

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