



**Burns Lake Bocce Super Summer Series Competition  
Team Registration Form**

REGION: \_\_\_\_\_ LOCAL: \_\_\_\_\_

TEAM NAME: \_\_\_\_\_

Head Coach: \_\_\_\_\_ Email: \_\_\_\_\_  
(please print)

Overall Ability Level of Team                      A      B      C      (please circle)

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**TEAM ROSTER**

Athlete Name	Gender	DOB (dd/mm/yy)	Athlete Ability Level (please indicate by checking the appropriate box)		
			A	B	C
1)					
2)					
3)					
4)					

**Please ensure you have medical forms for your athletes with you.**

**Dietary Restrictions (vegetarian or gluten free options only):**

\_\_\_\_\_

\_\_\_\_\_

\*\*Each team to have 4 athletes and 1 coach (Please include a separate page for each team)