

# Team Roster Form for Iowa Sr. Olympics

Fill out separate forms for each team you are a captain of.

Fill out and e-mail PDF to: [lynns@wdmcs.org](mailto:lynns@wdmcs.org) or Mail to:  
Iowa Senior Olympics; 3550 Mills Civic Parkway; West Des Moines, IA 50265.

**Sport:** \_\_\_\_\_ 3x3 Basketball \_\_\_\_\_ Granny Basketball \_\_\_\_\_ Team Softball

**Team Name:** \_\_\_\_\_

**Age Division** (please circle) 50-54 55-59 60-64 65-69 70-74 75-79 80+  
(Not Needed for Granny BB) Age division is determined by the age of the youngest player on the team.

**Team Manager's Name:** \_\_\_\_\_

**Manager's Mailing Address:** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone: Home** (\_\_\_\_) \_\_\_\_\_ **Work or Cell** (\_\_\_\_) \_\_\_\_\_

**E-mail:** \_\_\_\_\_

## Official Team Roster

PLEASE PRINT – Must list manager below if individual plays on team. All individuals competing in a team event must also complete the Individual Entry Form.

Age as of 12/31/2011

	Legal Name	Address (Street, City, State, Zip)	Date of Birth	Age
1				
2				
3				
4				
5				
6				
7				
8				
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