



**SPECIAL OLYMPICS COLORADO  
TENNIS ENTRY FORM**

**Special  
Olympics  
Colorado**



Region: \_\_\_\_\_ Day of Contact #: \_\_\_\_\_

Team/Program: \_\_\_\_\_

Coach Name(s): \_\_\_\_\_

Coach E-mail(s): \_\_\_\_\_

Do you plan on attending the state competition?	
Yes	No

		COMPETITION	QUALIFICATION SCORE
(Athlete Name)		Level 1 - Skills - 42 ft. court Level 2 - Red Foam Ball - 42 ft. court Level 3 - Orange Ball - 60 ft. court Level 4 - Green Ball (Dot) - full court Level 5 - Yellow Ball - full court	Total Points _____ (Level 1 - Individual Skills)
			Singles _____ Doubles _____
(Gender)	(DOB)		Unified Partner _____

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