

2012 STATE SUMMER GAMES AQUATICS ATHLETE ROSTER

Please Print Clearly:

Agency Number: _____ Agency Name: _____

RETURN THIS FORM TO YOUR REGIONAL OFFICE WITH STATE REGISTRATION MATERIALS BY DEADLINE DATE!

	ATHLETE NAME (LAST NAME, FIRST NAME)	M/F	WCH [X]	IN WATER START √	EVENT CODE			
1.			<input type="checkbox"/>	<input type="checkbox"/>				
2.			<input type="checkbox"/>	<input type="checkbox"/>				
3.			<input type="checkbox"/>	<input type="checkbox"/>				
4.			<input type="checkbox"/>	<input type="checkbox"/>				
5.			<input type="checkbox"/>	<input type="checkbox"/>				
6.			<input type="checkbox"/>	<input type="checkbox"/>				
7.			<input type="checkbox"/>	<input type="checkbox"/>				
8.			<input type="checkbox"/>	<input type="checkbox"/>				
9.			<input type="checkbox"/>	<input type="checkbox"/>				
10.			<input type="checkbox"/>	<input type="checkbox"/>				
11.			<input type="checkbox"/>	<input type="checkbox"/>				
12.			<input type="checkbox"/>	<input type="checkbox"/>				
13.			<input type="checkbox"/>	<input type="checkbox"/>				
14.			<input type="checkbox"/>	<input type="checkbox"/>				
15.			<input type="checkbox"/>	<input type="checkbox"/>				

Athletes must be listed in alphabetical order by last name.

Indicate all athletes in wheelchairs by placing an [X] next to their name.

Athletes can only participate in a maximum of two individual events and two relays.

